STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN APRIL 17, 2013 TO:
LISA MEYER, MBA, CPPB
PROCUREMENT OFFICER II

MISSOURI DEPARTMENT OF CORRECTIONS
PURCHASING SECTION
2729 PLAZA DRIVE, P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
3/6/13	GATEWAY FOUNDATION D/B/A GFI SERVICES 55 E. JACKSON BLVD., SUITE 1500 CHICAGO, IL 60604	SDA411061 Amendment 1	ASSESSMENT AND SUBSTANCE ABUSE TREATMENT SERVICES PROGRAM FOR CCC, WERDCC & NECC

THE CONTRACT BETWEEN GATEWAY FOUNDATION AND THE MISSOURI DEPARTMENT OF CORRECTIONS IS HEREBY AMENDED AS FOLLOWS:

In accordance with paragraph 2.21.2 & 2.21.3 on page 31, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2013 through June 30, 2014.

In addition, by signing this amendment the contractor also agrees to comply with the attached Prisoner Rape Elimination Act (PREA) requirements.

All other terms, conditions and provisions, including pricing, of the contract shall remain the same and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

THIS DOCUMENT MUST BE SIGNED TO BE VALID

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Name Gateway Foundation, Inc. d/b/a GFI Services
Mailing Address: 55 E. Jackson Blvd., Suite 1500
City, State Zip: Chicago, IL 60604
Telephone: 312-663-1130 State Vendor Number: 0640646
E-Mail Address: mdarcy@gatewayfoundation.org
Authorized Signer's Printed Name and Title: Michael Darcy, President & CEO
Authorized Signature: Michael J Darcy Date 03/07/2013

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

3-12-13

Matt Sturm, Director of Offender Rehabilitative Services
Missouri Department of Corrections **Date**

ADDENDUM A
PRISON RAPE ELIMINATION ACT (PREA)
REQUIREMENTS

This Addendum A to the contract between Contractor and the Department ("Addendum") shall be effective upon the renewal of the Amendment renewing the contract for another one-year term, from 2013 to 2014, and is the intent of the parties that it shall be incorporated fully within the contract. To the extent that any terms or conditions of this Addendum conflict with the contract or any subsequent Amendment, the terms and conditions of this Addendum supersede.

1. The contractor and all of the contractor's employees/agents providing services in any Department of Corrections institution must be at least 21 years of age. A Missouri Uniform Law Enforcement System (MULES) check or other background investigation shall be required on the contractor, the contractor's employees/agents before they are allowed entry into the institution. The contractor, its employees/agents understand and agree that the Department shall complete criminal background records checks at least every five (5) years for the contractor and the contractor's employees/agents that have the potential to have contact with inmates.

2. The institution shall have the right to deny access into the institution for the contractor and any of the contractor's employees/agents for any reason, at the discretion of the institution. Such denial shall not relieve the contractor of any requirements of the contract.

3. The contractor, its employees/agents under active federal or state felony or misdemeanor supervision must receive written division director approval prior to providing services pursuant to a Department contract. Similarly, contractors/ employees/ agents with prior felony convictions and not under active supervision must receive written division director approval in advance.

4. The contractor, its employees/agents shall at all times observe and comply with all applicable state statutes, Department rules, regulations, guidelines, internal management policies and procedures, and general orders of the Department that are applicable, regarding operations and activities in and about all Department property. Furthermore, the contractor, its employees/agents, shall not obstruct the Department or any of its designated officials from performing their duties in response to court orders or in the maintenance of a secure and safe correctional environment. The contractor shall comply with the Department's policies and procedures relating to employee conduct.

    a. The Department has a zero tolerance policy for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abuse and consensual sex.

        (1) Any contractor or contractor's employee/agent who witnesses any form of sexual misconduct must immediately report it to the warden of the institution. If a contractor or contractor's employee/agent fails to report or knowingly condones sexual harassment or sexual contact with or between offenders, the Department may cancel the contract, or at the Department's sole discretion, require the contractor to remove the contractor/employee/agent from providing services under the contract.

        (2) Any contractor/employee/agent who engages in sexual abuse shall be prohibited from entering the institution and shall be reported to law enforcement agencies and licensing bodies, as appropriate.

5. The contractor, its employees/agents shall not interact with offenders except as is necessary to perform the requirements of the contract. The contractor, its employees/ agents shall not give anything to nor accept anything from the offenders except in the normal performance of the contract.

6. If any contractor or contractor's employee/agent is denied access into the institution for any reason or is denied approval to provide service to the Department for any reason stated herein, it shall not relieve the contractor of any requirements of the contract. If the contractor is unable to perform the requirements of the contract for any reason, the contractor shall be considered in breach.

INVITATION FOR BID

Missouri Department of Corrections of Corrections
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102

IFB SDA411-061
Amendment 001

Assessment and Substance Abuse Treatment Services Program
For
Chillicothe, Northeast & Women's Eastern Correctional Centers

Contract Period: July 1, 2012 or date of award, whichever is later, through June 30, 2013

Date of Issue: April 23, 2012

Bids Must be Received No Later Than:

2:00 p.m., May 3, 2012

For information pertaining to this IFB contact:
Lisa Meyer, MBA, CPPB
Telephone: 573-526-6611
Fax: (573) 522-8407
Lisa.Meyer@doc.mo.gov

Services procured for the

Missouri Department of Corrections of Corrections
Division of Offender Rehabilitative Services

PRE-BID CONFERENCE
A pre-bid conference will be held at 1:30 p.m., on, April 6, 2012 at the Missouri Department of Corrections, Central Office, 2729 Plaza Dr., Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-hand corner of the container in which the bid is submitted to the Department of Corrections. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government from providing any service requirements outlined herein.

Name: Gateway Foundation, Inc. d/b/a GFI Services
Business Name as filed with the IRS: Gateway Foundation, Inc.
Mailing Address: 55 E. Jackson Blvd. Suite 1500
City, State Zip: Chicago, IL 60604
Telephone: 312-663-1130 State Vendor Number: 0640646
Federal Taxpayer ID Number: 36-2670036
E-Mail Address: mdarcy@gatewayfoundation.org
Authorized Signer's Printed Name and Title: Michael Darcy, President & CEO
Authorized Signature: Michael Darcy May 3, 2012
Bid Date

NOTICE OF AWARD:
This bid is accepted by the Department of Corrections as follows: Contract No. **SDA411061**
Accepted in its entirety.

6-11-12
Division Director Date

The original cover page, including amendments, should be signed and returned with the bid.

ORIGINAL

Gateway Foundation Corrections

RESPONSE
TO
MISSOURI DEPARTMENT OF CORRECTIONS

IFB SDA 411-061

ASSESSMENT & SUBSTANCE ABUSE TREATMENT PROGRAM SERVICES FOR CHILLICOTHE, NORTHEAST AND WOMEN'S EASTERN RECEPTION DIAGNOSTIC CENTERS

SUBMITTED BY

GATEWAY FOUNDATION, INC
d/b/a GFI SERVICES
55 E. JACKSON BLVD
CHICAGO, IL 60604
(CORPORATE OFFICE)
312.663.1130
MICHAEL DARCY, PRESIDENT & CEO

MAY 3, 2012

Gateway Foundation | Corrections

April 27, 2012

Lisa Meyer, MBA, CPPB
Missouri Department of Corrections
Procurement and Contracting Section
2729 Plaza Drive
P.O. Box 236
Jefferson City, Missouri 65102

RE: IFB SDA411-061, Assessment and Substance Abuse Treatment Services Program for Chillicothe, Northeast & Women's Eastern Correctional Centers

Dear Ms. Meyer:

Thank you very much for inviting the Gateway Foundation to submit our proposal to continue providing Assessment Substance Abuse Treatment Services Programs for Chillicothe, Northeast and Women's Easter Correctional Centers. We strongly believe that our proposal will demonstrate that we are the most qualified organization to provide the services outlined in the above referenced IFB.

As you know, for nearly 44 years Gateway Foundation, a not-for-profit organization based in Chicago doing business in Missouri as GFI Services, has been one of the nation's leading providers of substance abuse treatment in correctional settings and in the community. Gateway currently provides clinical services in nineteen (19) in-custody correctional treatment programs, including services provided currently at five institutions within the Missouri Department of Corrections system. We have extensive experience in providing correctional treatment for females and special needs populations, and are the incumbent provider at WERDCC and NECC. There are more than 5,600 men and women in Gateway in-prison treatment programs each day; and in 2011, Gateway treated nearly 18,000 people through our correctional programming.

Due to Gateway's commitment to quality improvement over the years, we have adapted our traditional treatment model according to current research advancements and evidence-based practices. **The enclosed proposal describes a comprehensive treatment model for treating female offenders which is based on a trauma-informed treatment model developed by Dr. Stephanie Covington.** We believe that this staff directed treatment approach will produce excellent results for the department; and, the combined contract award for services at both CCC and WERDCC will enable Gateway to ensure a continuity of care for all women treatment through this contract. Gateway is excited to have this opportunity to work with the Department to implement a truly effective treatment approach for female offenders.

For nearly a decade we have partnered with the Texas Christian University Institute of Behavioral Research to incorporate a research-based assessment protocol into our model, thereby ensuring that treatment services are directly related to individual risks and needs throughout the treatment episode. This approach is currently unique to Gateway Foundation programs. **Our current programs at WERDCC and NECC use this "adaptive treatment" model to provide interventions that are truly based on the client's needs as they progress through the treatment program, and we anticipate expanding that approach through the award of this new contract.** We have enhanced our use of Motivational Interviewing techniques in Orientation and Primary Treatment phases in an effort to improve client engagement and retention in our programs, and we propose to continue the use of our research-based curricula which address Relapse Prevention and Re-Entry issues.

55 E. Jackson Blvd. | Suite 1500 | Chicago, IL 60604 | Phone: 312-663-1130 | Fax: 312-663-0504

These brief examples demonstrate our commitment to leading the field of correctional treatment services, and highlight our ability to deliver a treatment model that results in effective, high-quality treatment services for female offenders at WERDCC and CCC, and male offenders with special needs at NECC.

Why Select Gateway to Provide Programming at these Institutions?

- **Gateway provides evidence-based programming that has shown measureable improvements in offender psychosocial functioning,** ***and outcome studies continue to confirm that Gateway programs dramatically reduce recidivism rates and save millions of dollars for taxpayers.***

- Through this proposal, Gateway offers a revised research-based treatment model for female offenders that will ensure services are delivered in a manner that guides participants through the process of change from a framework that is both gender- and culturally responsive.

- Gateway's relationship with TCU/IBR allowed us to develop an evidenced based assessment system using the CJ-CEST and CTS instruments, administered in a phase-progression process that allows for truly individualized care. This relationship enables the Department to benefit from receiving state-of-the-art training and consulting from the nation's leading researchers of correctional treatment interventions.

- Gateway's DENS ASI and treatment planning software has provided the Department with a solution for substance abuse assessments, and our plan to network this system at CCC and WERDCC will provide DORS staff with real-time access to aggregate assessment data. ***The award of this contract could ensure that all vendor-operated programs are using the same clinical assessment software applications!***

- Gateway currently manages multiple projects of this size and scope, and ***we have the human, financial, and clinical resources necessary to implement the programs desired by MODOC.***

- The award of this contract to Gateway could provide significant cost savings for Missouri as it would allow the Department to have the most-qualified organization running all vendor-operated treatment programs within the State's system. By definition, ***this could provide the Department with a single partner for contract and policy matters, enabling Gateway and DORS to develop an even more effective service delivery system!***

We look forward to hearing from you regarding the opportunity to discuss our proposal. In order to expedite our response to any requests you might have, I ask that you direct communication to Mr. Gregg Dockins, Director, Corrections Initiatives, at (815) 579-2701; or to Mr. Mike Giniger, Vice President, Corrections Division, at (713) 592-8211, extension 14.

Thank you again for inviting us to submit this proposal. We look forward to expanding our work with the Missouri Department of Corrections through this contract.

Very truly yours,

Michael Darcy

Michael J. Darcy
President and CEO

55 E. Jackson Blvd. | Suite 1500 | Chicago, IL 60604 | Phone: 312-663-1130 | Fax: 312-663-0504

INVITATION FOR BID

Missouri Department of Corrections of Corrections
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102

IFB SDA411-061

Assessment and Substance Abuse Treatment Services Program
For
Chillicothe, Northeast & Women's Eastern Correctional Centers

Contract Period: July 1, 2012 or date of award, whichever is later, through June 30, 2013

Date of Issue: March 26, 2012

Bids Must be Received No Later Than:

2:00 p.m., May 3, 2012

For information pertaining to this IFB contact:
Lisa Meyer, MBA, CPPB
Telephone: 573-526-6611
Fax: (573) 522-8407
Lisa.Meyer@doc.mo.gov

Services procured for the

Missouri Department of Corrections of Corrections
Division of Offender Rehabilitative Services

PRE-BID CONFERENCE
A pre-bid conference will be held at 1:30 p.m., on, April 6, 2012 at the Missouri Department of Corrections, Central Office, 2729 Plaza Dr., Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-hand corner of the container in which the bid is submitted to the Department of Corrections. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government from providing any service requirements outlined herein.

Name: Gateway Foundation, Inc. d/b/a GFI Services
Business Name as filed with the IRS: Gateway Foundation, Inc.
Mailing Address: 55 E. Jackson Blvd. Suite 1500
City, State Zip: Chicago, IL 60604
Telephone: 312-663-1130 State Vendor Number: 0640646
Federal Taxpayer ID Number: 36-2670036
E-Mail Address: mdarcy@gatewayfoundation.org
Authorized Signer's Printed Name and Title: Michael Darcy, President & CEO
Authorized Signature: Michael Darcy May 3, 2012
Bid Date

NOTICE OF AWARD:
This bid is accepted by the Department of Corrections as follows: Contract No.

Division Director Date Director, Dept. of Corrections Date

The original cover page, including amendments, should be signed and returned with the bid.

EXHIBIT A
SUBMISSION IS MANDATORY

SDA411-061
PRICE PAGE

Terms and conditions of this Invitation for Bid require that in order to be considered responsive, the bidder must complete, manually sign and submit this document (with all necessary attachments) together with their individual bid for providing all services listed herein as specified (See Part Three: Bid Submission Information). The bidder is cautioned that it is the bidder's sole responsibility to confirm the accuracy of any pricing information listed herein and that the Department of Corrections is under no obligation to solicit the bidder regarding such information once submitted. ***The bidder must provide a firm fixed price in the table below for the original contract period and maximum prices for each potential renewal period .for providing all services in accordance with the provisions and requirements of this IFB. All costs associated with providing the required services shall be included in the stated price.***

WERDCC/CCC

SERVICE DESCRIPTION	FIRM, FIXED PRICE	First Renewal Period	Second Renewal Period	Third Renewal Period
All services at WERDCC/CCC	$ 14.00 per day per offender	$ 14.28 per day per offender	$14.57 per day per offender	$ 14.86 per day per offender

NECC

SERVICE DESCRIPTION	FIRM, FIXED PRICE	First Renewal Period	Second Renewal Period	Third Renewal Period
All services at NECC	$ 19.47 per day per offender	$ 19.86 per day per offender	$ 20.26 per day per offender	$ 20.66 per day per offender

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The bidder should indicate below whether it will allow the Department to make payments using the State of Missouri Purchasing card. If the contractor agrees, the contractor shall be responsible for all merchant fees passed on by the purchasing card contractor. Furthermore, the contractor shall agree prices identified above will remain the same:

Agreement_____ Disagreement__X____

Bidder to state discount for prompt payment. None

_____% if paid within _____days

Indicate if the bidder is a For Profit or Nonprofit Entity:

_____For Profit__X__ Nonprofit

EXHIBIT A (continued)
SUBMISSION IS MANDATORY

SDA411-061
PRICE PAGE

Outside United States - If any products and/or services offered under this IFB are being manufactured or performed at sites outside the United States, the bidder MUST disclose such fact and provide details in the space below or on an attached page.

Are products and/or services being manufactured or performed at sites outside the United States?	Yes ____	No X
Describe and provide details:		

Employee Bidding/Conflict of Interest - Bidders who are employees of the State of Missouri, a member of the General Assembly or a statewide elected official must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the bidder and/or any of the owners of the bidder's organization are currently an employee of the State of Missouri, a member of the General Assembly or a statewide elected official, please provide the following information. None

Name of State Employee, General Assembly Member, or Statewide Elected Official:	
In what office/agency are they employed?	
Employment Title:	
Percentage of ownership interest in bidder's organization:	_____ %

By signing, the bidder hereby declares understanding, agreement and certification of compliance to provide the item at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions. The bidder further agrees that the language of this IFB shall govern in the event of a conflict with his/her bid.

Company Name: Gateway Foundation, Inc. d/b/a GFI Services

Printed Name: Michael Darcy E-mail Address: mdarcy@gatewayfoundation.org

Authorized Signature: Michael Darcy Date: 4-26-12

3.5 Bidder's Experience and Reliability

Exhibit B: Company Information

As required by the IFB, Gateway has completed Exhibit B (Company Information) with information related to previous and current services/contracts performed by Gateway that are similar to the requirements of this IFB, including a signature of the contact person verifying that that information presented is accurate. The contact person's signature also represents that the contact person is willing and will be available for contact by the State of Missouri in order to discuss the services performed by the bidder for the contact person's company.

Please find Exhibit B on the following pages.

EXHIBIT B

COMPANY INFORMATION

The bidder should complete the following with information about the bidder's organization and should provide information that documents and verifies the number of years stated in each blank, as appropriate:

Information	Dates	Explanation and Detailed Support Verifying Dates (ie: contract/client name, etc)
Total number of years in business	Beginning Date: 1968	Information is contained
Total number of years operating in substance abuse services	Beginning Date: _____	within this section 3.5 Experience & Reliability
Total number of years working with state government and targeted population	Beginning Date: _____	" " " " " "

The bidder should provide the following information about client history:

Information	Numbers	Explanation and Detailed Support
Total number of current clients performing services	_____ Total Number	98 total contracts 65 total funders
Largest Current Client	$10,606,265 Dollar Size	Illinois Dept. of Alcoholism & Substance ABuse

Information	Explanation and Detailed Support
Organizational history- including ownership structure, any pending litigation, any civil or criminal judgments, any bankruptcy proceedings, etc.	see attached
Documentation of Financial Solvency – (may submit most recent year audited financial statements or any other information provided such information may be made public). If the bidder is a subsidiary, provide this information for the parent company. All information provided will be made public.	see attached
Describe the structure of the organization including any board of directors, partners, top Departmental management, etc.	see attached

To: Gateway Foundation Board of Directors

From: Gary Salit, General Counsel

Legal Update: December 2011-March 2012

The following is a summary of outstanding litigation, significant claims and complaints and potential legal exposure.

LITIGATION

New Litigation/Claims

Since the last report, there has been no significant new litigation or claim.

Old Litigation/Claims

There are no significant claims or cases

OTHER MATTERS

Recent Deaths Outside Programs and Facilities

Since my last report when I advised you of two instances where a client or prospective client died of expected drug overdoses shortly after leaving our facilities, we have heard nothing back on either of those two matters.

New Jersey, Northern State Facility

We had received two additional complaints, one from a client, the other from an employee concerning the administration of sanctions to the clients for various infractions. We are working with the director and clinical supervisor to resolve these matters before they escalate into a potential problem.

Belleville Drug Testing

We have had two instances where clients with negative urinalysis report were found to be actually using drugs. The counselor who administered the tests had no explanation for his negative report and has been terminated. We have received a letter from the parents of one of the clients expressing great displeasure and threatening legal action. While we do not believe we have any liability to the client or his parents or any significant exposure to DASA or the insurers, we just want to alert you to the possibility of adverse publicity. We can assure you that all steps are being taken to minimize the impact of the counselor's improper behavior.

Gateway Foundation, Inc.

Financial Report
June 30, 2011

Contents

McGladrey

Independent Auditor's Report

To the Board of Directors
Gateway Foundation, Inc.

We have audited the accompanying consolidated statements of financial position of Gateway Foundation, Inc. as of June 30, 2011 and 2010, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of Gateway Foundation, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Gateway Foundation, Inc. as of June 30, 2011 and 2010, and the changes in its net assets, functional expenses, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

McGladrey & Pullen, LLP

Chicago, Illinois
November 23, 2011

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Gateway Foundation, Inc.

Consolidated Statements of Financial Position
June 30, 2011 and 2010

	2011	2010
Assets		
Current Assets		
Cash and equivalents	**$ 5,901,931**	$ 8,647,425
Investments	**11,748,352**	10,789,069
Accounts receivable (net of allowance for doubtful accounts of $1,321,971 and $821,169 at June 30, 2011 and 2010, respectively)		
Government grants and contracts	**10,642,151**	12,536,229
Medicaid	**4,235,347**	5,664,134
Other	**2,655,882**	1,965,825
Total accounts receivable	**17,533,380**	20,166,188
Other current assets	**725,195**	122,468
Total current assets	**35,908,858**	39,725,150
Noncurrent Assets		
Investments	**22,037,998**	15,159,464
Beneficial interest in perpetual trust	**1,049,004**	-
Property and equipment (net)	**18,074,005**	19,778,131
Deferred charges	**405,511**	366,785
Total noncurrent assets	**41,566,518**	35,304,380
Total assets	**$ 77,475,376**	$ 75,029,530
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	**$ 1,468,747**	$ 1,624,558
Accrued expenses	**4,045,550**	5,026,668
Due to third party contractors	**169,840**	273,335
Deferred income	**223,396**	99,042
Line of credit	**1,965,000**	1,965,000
Total current liabilities	**7,872,533**	8,988,603
Long-Term Debt	**3,210,000**	3,210,000
Total liabilities	**11,082,533**	12,198,603
Net Assets		
Unrestricted	**64,901,762**	62,490,236
Temporarily restricted	**417,257**	315,871
Permanently restricted	**1,073,824**	24,820
Total net assets	**66,392,843**	62,830,927
Total liabilities and net assets	**$ 77,475,376**	$ 75,029,530

The accompany notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

Consolidated Statement of Activities and Changes in Net Assets
Year Ended June 30, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	2011 Total
Support and revenue:				
Government grants and contracts	$ 55,857,081	$ -	$ -	$ 55,857,081
Net client fees and third party reimbursements	9,122,182	-	-	9,122,182
Contributions:				
Cash	70,426	106,652	-	177,078
Noncash	34,943	-	-	34,943
United Way	95,039	-	-	95,039
Beneficial interest in perpetual trust	-	-	1,049,004	1,049,004
Investment income	2,494,714	112,127	-	2,606,841
Gain on disposal of fixed assets	60,671	-	-	60,671
Other:				
Rental income	177,960	-	-	177,960
Food stamps	497,332	-	-	497,332
Interest on Medicaid receivables	452,443	-	-	452,443
Miscellaneous	19,341	-	-	19,341
Net assets released due to satisfaction of program restrictions	117,393	(117,393)	-	-
Total support and revenue	68,999,525	101,386	1,049,004	70,149,915
Expenses:				
Program services:				
Treatment and prevention	56,985,631	-	-	56,985,631
Total program services	56,985,631	-	-	56,985,631
Supporting services:				
Management and general	9,584,363	-	-	9,584,363
Fundraising	18,005	-	-	18,005
Total supporting services	9,602,368	-	-	9,602,368
Total expenses	66,587,999	-	-	66,587,999
Excess of revenue over expenses	2,411,526	-	-	2,411,526
Change in net assets	2,411,526	101,386	1,049,004	3,561,916
Net assets:				
Beginning of year	62,490,236	315,871	24,820	62,830,927
End of year	$ 64,901,762	$ 417,257	$ 1,073,824	$ 66,392,843

The accompany notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

Consolidated Statement of Activities and Changes in Net Assets
Year Ended June 30, 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	2010 Total
Support and revenue:				
Government grants and contracts	$ 58,065,919	$ -	$ -	$ 58,065,919
Net client fees and third party reimbursements	5,933,400	-	-	5,933,400
Contributions:				
Cash	67,500	103,104	-	170,604
Noncash	27,519	-	-	27,519
United Way	97,938	-	-	97,938
Investment income	3,022,745	16,989	-	3,039,734
Loss on disposal of fixed assets	(2,640)	-	-	(2,640)
Other:				
Rental income	176,360	-	-	176,360
Food stamps	569,997	-	-	569,997
Miscellaneous	47,845	-	-	47,845
Net assets released due to satisfaction of program restrictions	5,470	(5,470)	-	-
Total support and revenue	68,012,053	114,623	-	68,126,676
Expenses:				
Program services:				
Treatment and prevention	55,594,558	-	-	55,594,558
Total program services	55,594,558	-	-	55,594,558
Supporting services:				
Management and general	9,362,190	-	-	9,362,190
Fundraising	17,927	-	-	17,927
Total supporting services	9,380,117	-	-	9,380,117
Total expenses	64,974,675	-	-	64,974,675
Excess of revenue over expenses	3,037,378	-	-	3,037,378
Change in net assets	3,037,378	114,623	-	3,152,001
Net assets:				
Beginning of year	59,452,858	201,248	24,820	59,678,926
End of year	$ 62,490,236	$ 315,871	$ 24,820	$ 62,830,927

The accompanying notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

Consolidated Statement of Functional Expenses
Year Ended June 30, 2011

	Program Services	Supporting Services			
	Treatment and Prevention	Management and General	Fund Raising	Subtotal	2011 Total
Salaries	$ 33,978,871	$ 5,057,194	$ 11,616	$ 5,068,810	$ 39,047,681
Employee benefits	7,260,985	1,068,790	2,336	1,071,126	8,332,111
Total salaries and related expenses	41,239,856	6,125,984	13,952	6,139,936	47,379,792
Housing	2,803,830	560,168	1,493	561,661	3,365,491
Food, clothing and personal maintenance	2,844,851	34,045	151	34,196	2,879,047
Recreation and activities	352,817	-	-	-	352,817
Transportation and travel	773,858	134,256	-	134,256	908,114
Staff training, development and recognition	364,268	141,323	5	141,328	505,596
Office supplies	350,129	29,810	-	29,810	379,939
Office equipment rental and repair	673,216	263,745	1,295	265,040	938,256
Telecommunications	671,625	259,595	-	259,595	931,220
Postage and shipping	94,371	49,814	-	49,814	144,185
Printing	70,007	27,567	-	27,567	97,574
Professional fees and contract service payments	1,946,601	943,563	983	944,546	2,891,147
Toxicology	198,539	448	-	448	198,987
General insurance	409,386	60,782	65	60,847	470,233
Interest expense	108,253	-	-	-	108,253
Provision for doubtful accounts	1,496,349	-	-	-	1,496,349
Dues and subscriptions	66,258	20,351	-	20,351	86,609
Other operating fees	221,533	36,030	61	36,091	257,624
Advertising and marketing	92,873	392,941	-	392,941	485,814
Miscellaneous	96,038	10,058	-	10,058	106,096
Total expenses before depreciation, amortization and in-kind expenses	54,874,658	9,090,480	18,005	9,108,485	63,983,143
Depreciation	2,071,594	493,883	-	493,883	2,565,477
Amortization of debt issuance costs	4,436	-	-	-	4,436
Other in-kind expenses	34,943	-	-	-	34,943
Total expenses	$ 56,985,631	$ 9,584,363	$ 18,005	$ 9,602,368	$ 66,587,999

The accompanying notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

Consolidated Statement of Functional Expenses
Year Ended June 30, 2010

	Program Services	Supporting Services			
	Treatment and Prevention	Management and General	Fund Raising	Subtotal	2010 Total
Salaries	$ 34,476,259	$ 4,920,460	$ 11,681	$ 4,932,141	$ 39,408,400
Employee benefits	6,858,289	1,070,745	2,195	1,072,940	7,931,229
Total salaries and related expenses	41,334,548	5,991,205	13,876	6,005,081	47,339,629
Housing	2,853,413	562,466	1,686	564,152	3,417,565
Food, clothing and personal maintenance	2,455,213	28,536	4	28,540	2,483,753
Recreation and activities	325,436	-	-	-	325,436
Transportation and travel	737,319	107,630	-	107,630	844,949
Staff training, development and recognition	388,414	183,051	5	183,056	571,470
Office supplies	301,471	30,124	18	30,142	331,613
Office equipment rental and repair	588,306	325,963	1,358	327,321	915,627
Telecommunications	617,752	198,000	728	198,728	816,480
Postage and shipping	96,057	47,047	69	47,116	143,173
Printing	71,403	25,310	150	25,460	96,863
Professional fees and contract service payments	1,720,133	808,544	10	808,554	2,528,687
Toxicology	177,990	252	-	252	178,242
General insurance	420,000	56,452	23	56,475	476,475
Interest expense	98,408	-	-	-	98,408
Provision for doubtful accounts	826,689	-	-	-	826,689
Dues and subscriptions	71,866	17,849	-	17,849	89,715
Other operating fees	225,626	29,868	-	29,868	255,494
Advertising and marketing	39,514	366,798	-	366,798	406,312
Miscellaneous	108,165	6,645	-	6,645	114,810
Total expenses before depreciation, amortization and in-kind expenses	53,457,723	8,785,740	17,927	8,803,667	62,261,390
Depreciation	2,104,880	576,450	-	576,450	2,681,330
Amortization of debt issuance costs	4,436	-	-	-	4,436
Other in-kind expenses	27,519	-	-	-	27,519
Total expenses	$ 55,594,558	$ 9,362,190	$ 17,927	$ 9,380,117	$ 64,974,675

The accompanying notes are an integral part of these consolidated financial statements.

Gateway Foundation, Inc.

Consolidated Statements of Cash Flows
Years Ended June 30, 2011 and 2010

	2011	2010
Cash Flows from Operating Activities		
Change in net assets	$ **3,561,916**	$ 3,152,001
Depreciation and amortization	**2,569,913**	2,685,766
Provision for doubtful accounts	**1,496,349**	826,689
(Gain) loss on disposal of property and equipment	**(60,671)**	2,640
Realized (gain) loss on investments	**(316,089)**	5,518
Unrealized gain on investments	**(1,503,481)**	(2,269,945)
Contribution of beneficial interest in trust	**(1,049,004)**	-
Changes in:		
Accounts receivable	**1,136,459**	(7,346,302)
Other current assets	**(602,727)**	419,491
Deferred charges	**(43,162)**	20,567
Accounts payable	**(155,811)**	(287,571)
Accrued expenses	**(981,118)**	73,651
Due to third party contractors	**(103,495)**	(205,216)
Deferred income	**124,354**	14,524
Net cash provided by (used in) operating activities	**4,073,433**	(2,908,187)
Cash Flows from Investing Activities		
Additions to property and equipment	**(1,216,404)**	(1,236,494)
Purchase of investments	**(70,674,105)**	(70,743,035)
Proceeds from sale of investments	**64,655,858**	70,561,057
Proceeds from sale of property	**415,724**	1,700
Net cash used in investing activities	**(6,818,927)**	(1,416,772)
Cash Flows from Financing Activities		
Repayments of note payable	**-**	(2,000,000)
Net cash used in financing activities	**-**	(2,000,000)
Net decrease in cash and cash equivalents	**(2,745,494)**	(6,324,959)
Cash and cash equivalents:		
Beginning of year	**8,647,425**	14,972,384
End of year	$ **5,901,931**	$ 8,647,425
Supplemental Disclosure of Cash Flow Information		
Interest paid	$ **54,148**	$ 80,421

The accompany notes are an integral part of these consolidated financial statements.

Note 1. Basis of Presentation

Nature of organization: The accompanying consolidated financial statements include the accounts of Gateway Foundation, Inc., and its affiliates, Gateway Youth Care Foundation, Inc., Gateway Foundation Texas, Inc., G.W. Foundation, Inc. and Gateway Charitable Foundation (collectively "Gateway" or the "Organization"). Gateway Foundation, Inc., Gateway Youth Care Foundation, Inc., G.W. Foundation, Inc. and Gateway Charitable Foundation are incorporated in the State of Illinois. Gateway Foundation Texas, Inc. is incorporated in the State of Texas. Each organization is a nonprofit corporation that has been approved to operate as such under Section 501(c)(3) of the Internal Revenue Code, and, therefore, is exempt from federal and state income taxes.

Gateway is dedicated to increasing the understanding, treatment and prevention of alcohol and other drug abuse. Gateway staff assists men, women and children in developing the skills to reach and maintain recovery and lead healthy, productive lives.

Gateway has operations in the states of Delaware, Illinois, Missouri, New Jersey and Texas.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements have been prepared on the accrual basis. All significant intercompany transactions have been eliminated in consolidation.

Uses of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

Support and revenue and accounts receivable: Revenue from government grants and contracts is recognized over the term in which Gateway provides the contracted service. Accounts receivable is recorded net of any contractual allowances.

Management continually reviews its assumptions and methodologies for estimating third-party reserves for post payment audits. Net client fees and third party reimbursements for the years ended June 30, 2011 and 2010, were increased by $96,000 and $188,000, respectively, as a result of changes in estimates relating to prior years.

Contributions received and unconditional promises to give are measured at their fair values and are reported as increases in net assets. The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are restricted as support for future periods. When a donor restriction expires (i.e., when a stipulated time restriction ends or purpose restrictions are accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization reports contributions with a donor-imposed restriction whose restrictions are met in the same reporting period as unrestricted support in the statement of activities.

The Organization provides credit, in the normal course of business, to clients from (i) the state government under government contracts and grants representing approximately 63 and 65 percent of the consolidated operational support and revenue in fiscal years 2011 and 2010, respectively, and 61 and 62 percent of net accounts receivable as of June 30, 2011 and 2010, respectively; (ii) the state government under the Medicaid programs representing approximately 25 and 27 percent of the consolidated support and revenue in 2011 and 2010, respectively, and 24 and 28 percent of the net accounts receivable as of June 30, 2011 and 2010, respectively; and (iii) private payers including insurance companies, private carriers and other third-party payers.

Note 2. Summary of Significant Accounting Policies (Continued)

The Organization does not believe that there are any concentrated credit risks other than with receivables from government agencies. The remaining net receivable balances consist of receivables from various payers, subject to differing economic conditions. The Organization continually monitors and adjusts its reserves and allowances associated with these governmental and other receivables as necessary.

During the year ended June 30, 2011, the Organization received $452,443 of interest on unpaid Medicaid accounts receivable which is reported as other support and revenue in the consolidated statement of activities and changes in net assets.

Excess of revenue over expenses: The consolidated statement of activities and changes in net assets includes excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Cash and cash equivalents: Gateway considers short-term investments with an original maturity of three months or less to be cash equivalents. Deposits held in banks were in excess of federally insured levels at June 30, 2011 and 2010.

Investments: Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value based on quoted market prices in the consolidated statement of financial position. The Organization's investments are designated as trading securities. As such, all investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) not restricted by donors is included in the excess of revenue over expenses.

Deferred charges: Deferred charges consist of bond costs that are amortized over the terms of their respective contracts.

Property and equipment: Property and equipment are stated at cost, except for donated property and equipment (non-cash contributions) which are stated at estimated fair value when the donated asset is received. Depreciation and amortization are computed on a straight-line basis over the estimated useful life of the asset, using a half year of depreciation in the first year of the asset's life. The estimated useful life of the asset is determined by the classification of the asset.

Beneficial interest in perpetual trust: The Organization has a beneficial interest in a perpetual trust which is held by a third party. This interest is reflected in the accompanying consolidated financial statements at its estimated fair value, which is determined by quoted market prices. The Organization recognizes contribution revenue equal to its proportionate share of the fair value of the trust assets upon notification and determination that its right to receive benefits under the agreement is unconditional. Changes in the fair value of the Organization's interest in the trust assets are reflected as permanently restricted in the consolidated statement of activities in the period they occur. Distributions from the trust, which were $106,652 during the year ended June 30, 2011, are recognized as revenue in the period received.

Advertising and marketing: The Organization advertises and markets services it offers and new services that will be offered in the future. Advertising and marketing costs are expensed as incurred. These advertising and marketing costs totaled $485,814 and $406,312 for the years ended June 30, 2011 and 2010, respectively.

Note 2. Summary of Significant Accounting Policies (Continued)

Net assets: Net asset categories and types of transactions affecting each category are:

Unrestricted net assets: Net assets that are not subject to donor-imposed restrictions including the carrying value of physical properties (land, building, and equipment). Items that affect this net asset category include revenues (principally, grants and fees for service), and related expenses associated with the core activities of the Organization. Changes in this category of net assets also include certain types of philanthropic support, namely unrestricted gifts, as well as restricted gifts whose donor-imposed restrictions are for current or developing programs and were met during the fiscal year, gifts for capital projects currently under construction and realized and unrealized gains and losses on donor-restricted funds.

Temporarily restricted net assets: Net assets subject to donor-imposed restrictions that may or will be met either by action of the Organization or by the passage of time. Items that affect this net asset category are gifts for which restrictions have not been met.

Permanently restricted net assets: Net assets subject to donor-imposed restrictions to be maintained permanently by the Organization. Items that affect this net asset category include gifts where donors stipulate that the corpus be held in perpetuity and only the income be made available for program operations.

Income taxes: The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state law, except for taxes pertaining to unrelated business income, if any.

The accounting standard on uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Organization, the continued tax-exempt status of bonds issued by the Organization, and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities during the periods covered by these financial statements.

The Organization files Forms 990 in the U.S. federal jurisdiction and the State of Illinois. Forms 990 filed by the Organization are subject to examination by the Internal Revenue Service (IRS) up to three years from the extended due date of each return. The Organization is generally no longer subject to examination by the IRS for years before 2008.

New accounting pronouncements: In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-23, *Health Care Entities (Topic 954) – Measuring Charity Care for Disclosure*. ASU 2010-23 requires disclosure of charity care based on the health care provider's direct and indirect costs of providing charity care services, the method used to identify or estimate such costs, and funds received to offset or subsidize charity services provided. The disclosures required by ASU 2010-23 are effective for fiscal years beginning after December 15, 2010, and must be applied retrospectively. The Organization is assessing the impact of the implementation of ASU 2010-23 on the disclosures in its consolidated financial statements.

Note 2. Summary of Significant Accounting Policies (Continued)

ASU 2010-24, *Health Care Entities (Topic 954) – Presentation of Insurance Claims and Related Insurance Recoveries.* ASU 2010-24 clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, ASU 2010-24 provides that the amount of the claims liability should be determined without consideration of insurance recoveries. The provisions of ASU 2010-24 are effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. Entities must apply the provisions of ASU 2010-24 by recording a cumulative-effect adjustment to opening unrestricted net assets as of the beginning of the period of adoption. Retrospective application of the provisions ASU 2010-24 is permitted. The Organization is assessing the impact of the implementation of ASU 2010-24 on its consolidated financial statements.

In July 2011, the FASB issued ASU 2011-07, *Health Care Entities (Topic 954) – Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities.* ASU 2011-07 requires health care entities that recognize significant amounts of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay, to change the presentation of their statement of activities by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, ASU 2011-07 requires those health care entities to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts, disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts.

For nonpublic entities like the Organization, the provisions are effective for the first annual period ending after December 15, 2012, and interim and annual periods thereafter, with early adoption permitted. The changes to the presentation of the provision for bad debts related to patient service revenue in the statement of activities should be applied retrospectively to all prior periods presented. The disclosures required by ASU 2011-07 should be provided for the period of adoption and subsequent reporting periods. The Organization is assessing the impact of the implementation of ASU 2011-07 on its consolidated financial statements.

Reclassifications: Certain prior year amounts have been reclassified to conform to the current year presentation, with no effect on excess of revenue over expenses or net assets.

Subsequent events: In preparation of the financial statements, the Organization has considered events through November 23, 2011, the date the consolidated financial statements were available for issue.

Note 3. Property and Equipment

Property and equipment at June 30, 2011 and 2010, consist of the following:

	2011	2010
Land	$ 1,113,003	$ 1,240,946
Buildings and improvements	36,550,114	36,621,287
Office equipment	11,757,850	11,548,184
Transportation and equipment	999,069	938,080
Work in progress	240,907	360,267
	50,660,943	50,708,764
Less accumulated depreciation	(32,586,938)	(30,930,633)
	$ 18,074,005	$ 19,778,131

Note 4. Investments and Fair Value Measurements

Investments, stated at fair value, at June 30, 2011 and 2010, consist of the following:

	2011	2010
Short-term investments,		
Fixed income securities	$ 11,748,352	$ 10,789,069
Long-term investments:		
Whole life policy	-	6,052
Equity securities	8,151,674	4,690,941
Fixed income securities	13,886,324	10,462,471
	22,037,998	15,159,464
Total investments	$ 33,786,350	$ 25,948,533

Investment income, including realized and unrealized gains (losses) on investments, is comprised of the following for the years ended June 30, 2011 and 2010:

	2011	2010
Interest and dividend income, net of fees	$ 787,271	$ 775,307
Net realized investment gain (loss)	316,089	(5,518)
Net unrealized investment gain	1,503,481	2,269,945
Investment income	$ 2,606,841	$ 3,039,734

Fair Value Measurements

The FASB-issued guidance on fair value measurements and disclosures establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this guidance are described below:

Level 1. Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2. Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; or Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3. Inputs to the valuation methodology are unobservable (supported by little or no market activity) and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 4. Investments and Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value:

Equity Securities and Bond Securities: Valued at the closing price reported on the active market on which the individual securities are traded. All are classified as Level 1 of the fair value hierarchy because they were valued using quoted market prices in active markets.

Beneficial Interest in Perpetual Trust: The fair value of the beneficial interest in trust assets represents the Organization's proportionate interest in the value of a charitable trust fund. The trust's portfolio includes a variety of investments, including equity securities and fixed income investments. The fair value of the trust was provided by the trustee.

The following table sets forth a more detailed presentation of the Organization's assets at fair value as of June 30, 2011 and 2010:

	Asset Measurements					
	2011			2010		
	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Whole life policy	$ -	$ -	$ -	$ 6,052	$ -	$ -
Equity securities, by industry:						
Banks	195,707	-	-	151,662	-	-
Capital equipment	217,712	-	-	90,553	-	-
Consumer capital spending	73,148	-	-	94,283	-	-
Consumer cyclical	166,743	-	-	112,876	-	-
Consumer non-durable	164,595	-	-	80,598	-	-
Defense	42,336	-	-	42,813	-	-
Energy	303,167	-	-	229,941	-	-
Finance	892,527	-	-	583,062	-	-
Healthcare	439,390	-	-	272,425	-	-
Industrial commodities	200,014	-	-	161,090	-	-
Real estate investment trusts	13,227	-	-	13,574	-	-
Retail	165,565	-	-	131,800	-	-
Technology	256,374	-	-	183,135	-	-
Transportation	76,886	-	-	38,588	-	-
Utilities	150,865	-	-	83,753	-	-
Equity mutual funds, by type:						
Small-Mid Cap Growth Fund	1,043,678	-	-	438,997	-	-
International Fund Growth Fund	948,277	-	-	504,525	-	-
International Fund Institutional	913,701	-	-	439,280	-	-
Institutional Index Fund	1,887,762	-	-	1,037,986	-	-
Fixed income securities, by type:						
U.S. Treasury	2,310,626	-	-	3,009,382	-	-
Corporate debt	13,577,039	-	-	8,537,518	-	-
Residential mortgage-backed	2,993,437	-	-	2,213,590	-	-
Commercial mortgage-backed	6,753,574	-	-	7,491,050	-	-
Subtotal of investment securities	33,786,350	-	-	25,948,533	-	-
Beneficial interest in perpetual trust	-	-	1,049,004	-	-	-
	$ 33,786,350	$ -	$ 1,049,004	$ 25,948,533	$ -	$ -

Note 4. Investments and Fair Value Measurements (Continued)

Financial instruments classified as Level 3 in the fair value hierarchy represent the Organization's investments in financial instruments in which the Organization has used at least one significant unobservable input in the valuation model. The Organization's beneficial interest in perpetual trust is not considered to have observable inputs. The following table presents a reconciliation of activity for the Level 3 financial instruments:

	Beneficial Interest in Perpetual Trust
Balance, July 1, 2010	$ -
Contribution of beneficial interest	1,049,004
Balance, June 30, 2011	$ 1,049,004

Note 5. Debt

In July 2004, Gateway Foundation, Inc. merged with Community Counseling Center of Fox Valley (CCCFV) and assumed responsibility for their "City of Aurora, IL Variable Rate Demand Bonds." Effective April 2, 2003, Community Counseling Center of Fox Valley became indebted to the City of Aurora, Illinois for the principal amount of $3,210,000 pursuant to a promissory note. These bonds mature May 1, 2028. The Organization has a remarketing agreement with BMO Capital Markets GKST, Inc. that provides for a "best efforts" remarketing of the bonds. The Organization anticipates that additional bonds will be remarketed to the extent of the maturities; however, there can be no guarantee that these bonds can or will be remarketed. The bonds are secured by an irrevocable letter of credit with an original amount of $3,240,781, which expires on July 15, 2013. The amount available under the letter of credit is reduced by principal and interest payments made by the Organization toward the bonds. If the letter of credit is drawn on to pay for bonds that were not remarketed, such amounts are due on demand with interest at a rate of 10%. The variable interest rate on the bonds is equal to 80% of the bond equivalent yield applicable to 91-day United States Treasury Bills as sold at the most recent auction or as quoted or published by the Federal Reserve Board (0.11% and 0.33% as of June 30, 2011 and 2010, respectively).

Gateway Foundation, Inc. has a line of credit with Chase Bank with maximum borrowing of $7,000,000. Interest is calculated on the outstanding and unpaid principal amount based on a variable rate as determined in the line of credit agreement (2.19% and 2.35% as of June 30, 2011 and 2010, respectively). Interest is calculated on the basis of the actual number of days elapsed in a year of 360 days. As of both June 30, 2011 and 2010, a total of $1,965,000 was borrowed under this line of credit. In accordance with the agreement, the line of credit is renewed annually on June 30.

Note 6. Net Assets

Unrestricted Net Assets

Unrestricted net assets includes amounts for operations and property and equipment replacement that management internally segregates from other unrestricted net assets. The Organization calculates this portion to be 25 percent of the year's total expenses plus the balance of the net property and equipment, or $34,721,016 and $36,021,800, as of June 30, 2011 and 2010, respectively. The Organization views the remainder of its unrestricted net assets to be available for future program expansion.

Note 6. Net Assets (Continued)

Temporarily Restricted Net Assets

Temporarily restricted net assets at June 30, 2011 and 2010, are available for client treatment and education.

Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose. Temporarily restricted net assets of $417,257 and $315,871 were available for support to clients for treatment and educational scholarships as of June 30, 2011 and 2010, respectively.

Permanently Restricted Net Assets

In fiscal year 2011, the Organization recorded a beneficial interest in an irrevocable trust in the amount of $1,049,004 as a permanently restricted contribution. Distributions from this trust are restricted for support to clients for treatment and educational scholarships, and are recorded as temporarily restricted contributions when received. The remaining permanently restricted net assets at June 30, 2011, and all of the permanently restricted net assets at June 30, 2010, are restricted to investment in perpetuity, the income from which is expendable to support any activities of the Organization.

Note 7. Employee Benefit Plans

The Organization maintains a defined contribution plan established pursuant to the provisions of Section 401(a) of the Internal Revenue Code which provides retirement benefits for all full-time employees. Contributions to the plan are discretionary, as determined by Gateway's Board of Directors. There were no contributions made for the years ended June 30, 2011 and 2010. The Organization also maintains a Section 403(b) defined contribution plan to which employees make contributions.

Note 8. Lease Obligations

The Organization leases certain administrative offices and outpatient clinics under various long-term agreements. Minimum annual rentals under such operating leases that have remaining lease terms in excess of one year as of June 30, 2011, are as follows:

Years Ending June 30	Administrative Offices	Outpatient Clinics	Total
2012	$ 865,128	$ 177,947	$ 1,043,075
2013	860,336	183,308	1,043,644
2014	875,545	66,843	942,388
2015	891,235	57,088	948,323
2016	759,223	-	759,223
	$ 4,251,467	$ 485,186	$ 4,736,653

Rental expense under all operating leases for the years ended June 30, 2011 and 2010, aggregated $982,058 and $961,028, respectively.

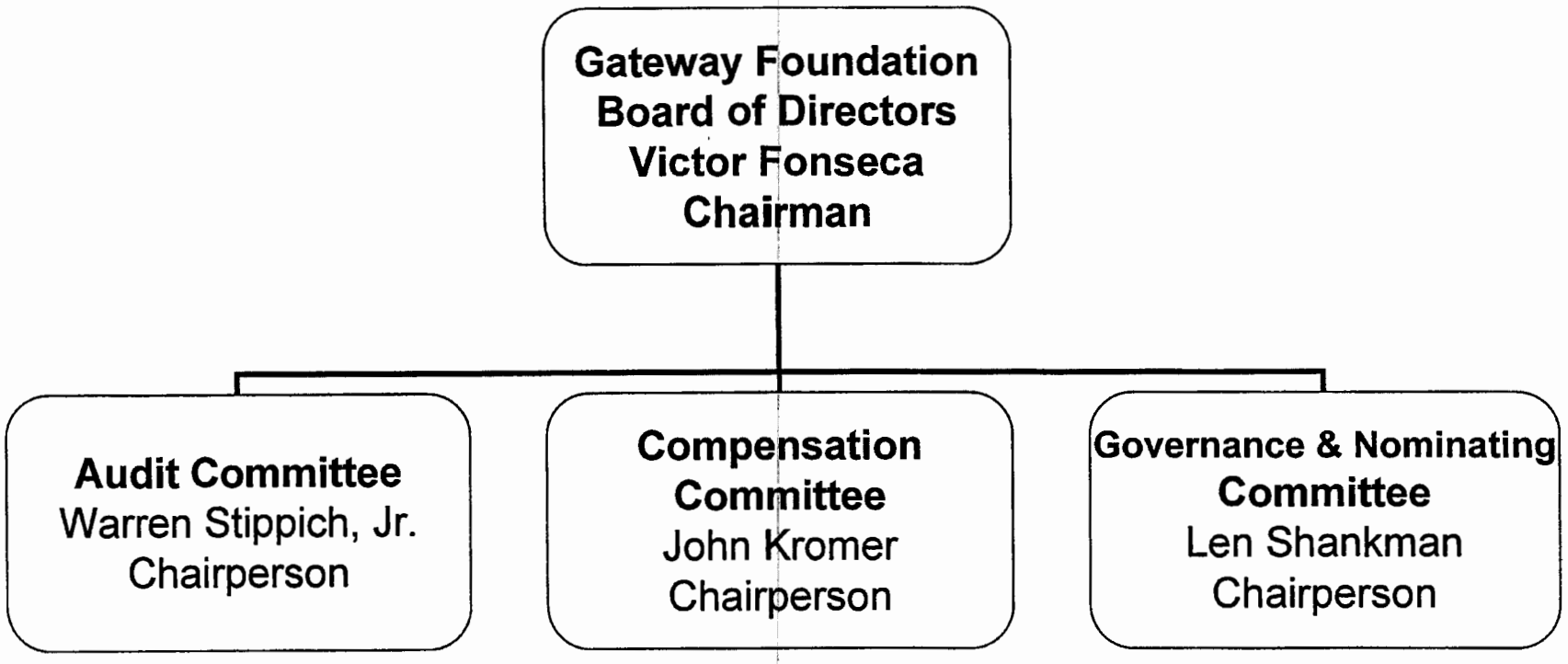
Note 9. Contingencies

The Organization is subject to various claims and lawsuits in the ordinary course of business. In the opinion of management, the ultimate resolution of these matters will not have a material adverse effect on the Organization's changes in net assets or financial position.

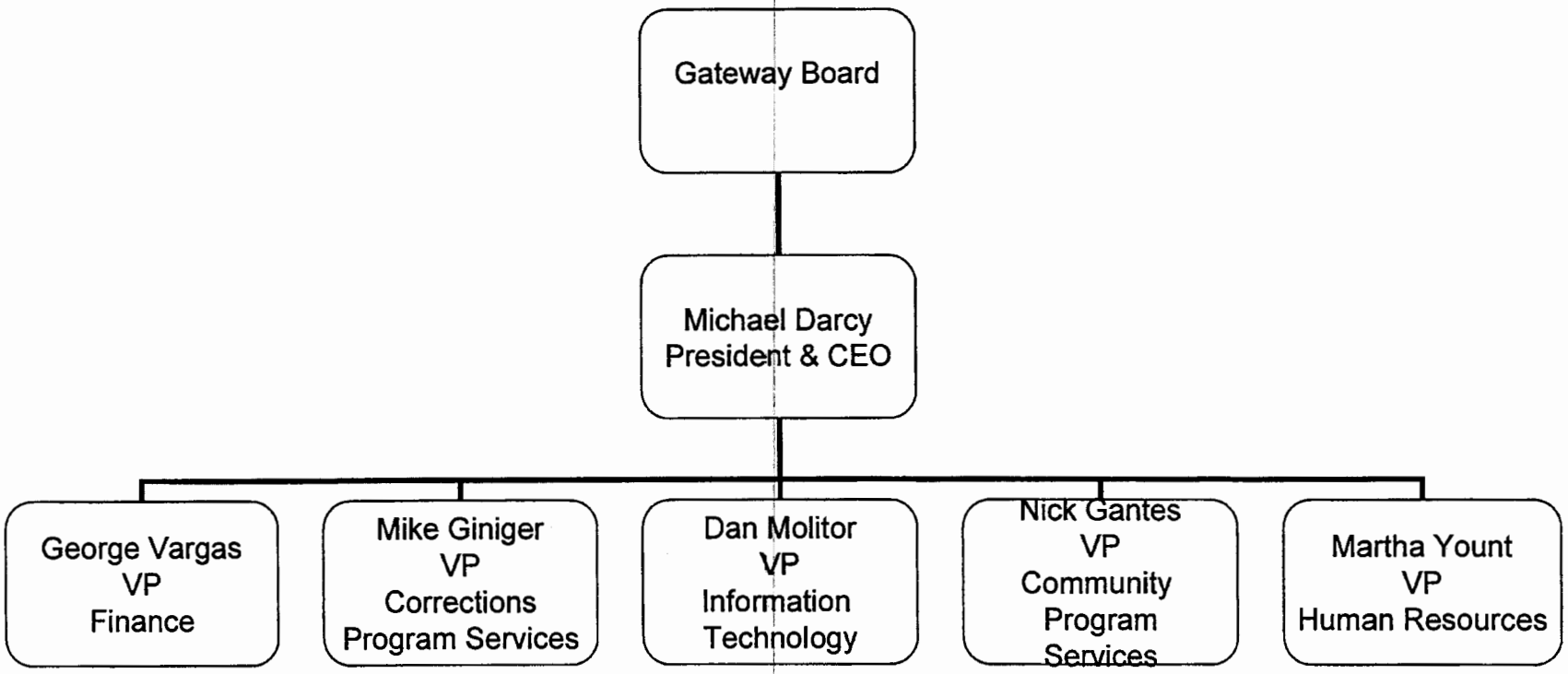
Note 10. Functional Allocation of Expenses

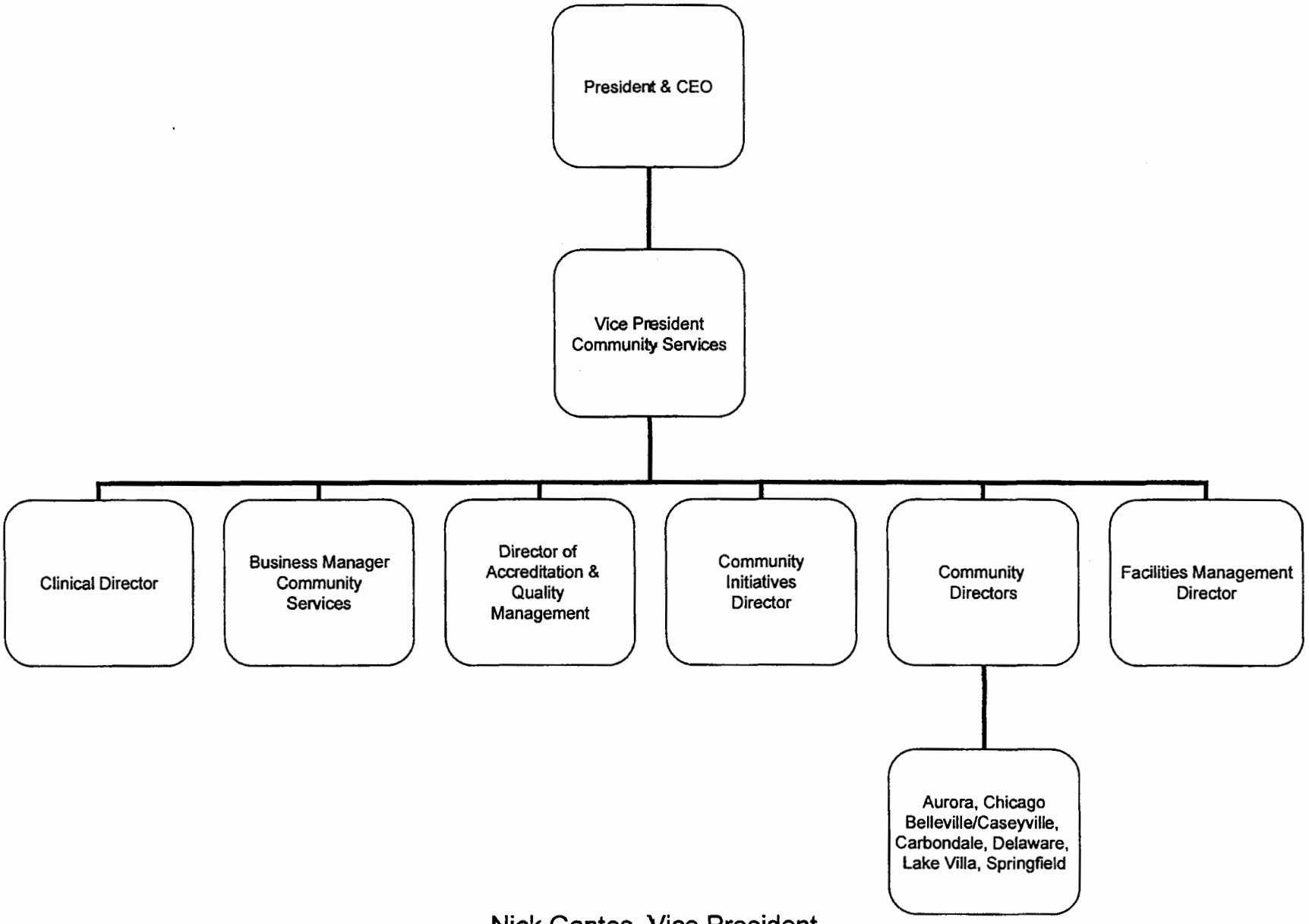
The cost of providing the various programs and other activities has been summarized on a functional basis in the consolidated statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Gateway Foundation, Inc.
Board of Directors Organizational Chart



Gateway Board and President/CEO





Nick Gantes, Vice President,
Community Based Services

Gateway Foundation, Inc.
Corrections Division

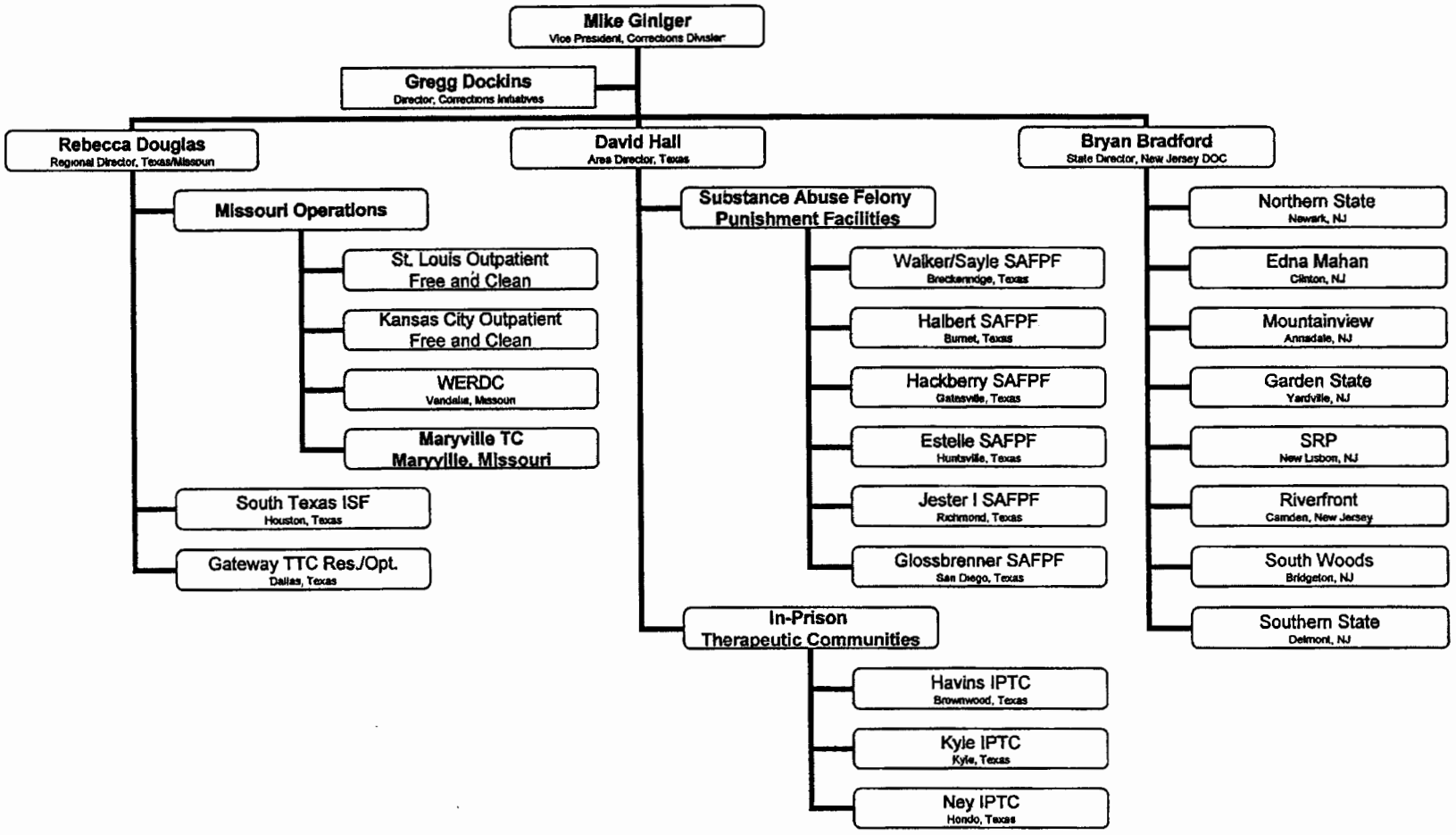


Exhibit C: Prior Experience of Bidder

On the following pages, Gateway has prepared an Exhibit C (Prior Experience of Bidder) for the following references as documentation of our prior experience:

New Jersey Department of Corrections
Whittlesey Rd. PO Box 863
Trenton, NJ 08625
Contact:
Herbert Kaldany, D.O.
Acting Director, Office of Drug Programs
(609) 943-3488
Herbert.Kaldany@doc.state.nj.us

Illinois Department of Corrections

- Dwight Correctional Center 23813 E. 3200 North Rd. Dwight, IL 60420
- Dwight Correctional Facility & Kankakee Minimum Security Unit (same above address)
- Kankakee Minimum Security Unit (Satellite for Dwight) (same address as Dwight)
- Lincoln Correctional Center 1098 1350th St. PO Box 549 Lincoln, IL 62656
- Westside ATC 121 North Campbell Chicago, IL 60612
- Vandalia Correctional Center Route 51 North, PO Box 500 Vandalia, IL 62471
- Taylorville Correctional Center Route 29 South PO Box 1000 Taylorville, IL 62568
- Logan Correctional Center 1096 1350th St. PO Box 1000 Lincoln, IL 62656
- Jacksonville Correctional Facility 2268 East Morton Ave. Jacksonville, IL 62650
- Graham Correctional Center RR 1 Highway 185 PO Box 499 Hillsboro, IL 62049

Contact:
John Nunley, Coordinator
Addiction Recovery Management Services
(815) 278-2001
John.Nunley@doc.illinois.gov

Illinois Department of Corrections
Sheridan Correctional Center
4017 E. 2603 Rd. Sheridan, IL 60551
Contact:
Kenneth Osborne, Warden
(815) 496-2181
Kenneth.Osborne@doc.illinois.gov

Texas Department of Criminal Justice

- **Joe Ney IPTC** 114 Private Rd. 4303 Hondo, TX 78861
- **Hackberry SAFPF** 1401 State School Rd. Gatesville, TX 76528
- **Estelle SAFPF** 264 FM 3478 Huntsville, TX 77320
- **Jester I SAFPF** 1 Jester Rd. Richmond, TX 77469
- **T.R. Havins IPTC** 500 FM 45 E Brownwood, TX 76804
- **South Texas ISF** 1511 Preston, Houston, TX 77002

Contact:
Madeline Ortiz, Director, Rehabilitation Programs Division
(936) 437-2180
Madeline.Ortiz@tdcj.state.tx.us

Missouri Department of Corrections
Maryville Treatment Center
30227 US Hwy 136
Maryville, MO 64468
Contact:
Sonny Collins, Warden
(660) 582-6542
Sonny.Collins@doc.mo.gov

Missouri Department of Corrections
Women's Eastern Reception, Diagnostic and Correctional Center
Hwy. E 54 PO Box 300
Vandalia, MO 63382
Contact:
Angela Pearl, Warden
(573) 594-6686
Angela.Pearl@doc.mo.gov

Missouri Department of Corrections
Western Reception, Diagnostic and Correctional Center
3401 Faraon
St. Joseph, MO
Contact:
Ryan Crews, Warden
(816) 387-2158
Ryan.Crews@doc.mo.gov

Cook County Sheriff's Office
Division of Reentry and Diversion Programs

- **Pre-Release Center,** 3026 S. California Ave., Chicago, IL 60608
- **Day Reporting Center,** 3026 S. California Ave., Chicago, IL 60608

Contact:
Robert Mindell, Manager, Contract Treatment Services
(773) 674-4758
Robert.Mindell@cookcountyil.gov

In the following sections, we have prepared a detailed discussion of Gateway's experience and reliability as it relates to our capability to perform the requirements of the IFB.

EXHIBIT C

PRIOR EXPERIENCE OF BIDDER

The bidder should copy and complete this form for each reference being submitted as demonstration of the bidder and subcontractor's prior experience. In addition, the bidder is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Bidder Name:	Gateway Foundation, Inc., dba GFI Services
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	Illinois Department of Corrections
Address of Reference Company/Client:	1301 Concordia Court, P.O. Box 19277 Springfield, IL 62794-9277
Reference Contact Person Name, Phone #, and E-mail Address:	John Nunley, Addiction Recovery Manager (815) 278-2001 john.nunley@doc.il.gov
Title/Name of Service/Contract	In-custody services: Dwight CJIA, Dwight, Graham, Graham CJIA, Jacksonville, Kankakee CJIA, Kankakee, Lincoln, Lincoln CJIA, Logan, Sheridan, Taylorville, Vandalia, Westside ATC
Dates of Service/Contract:	Site-specific contracts, ranging from Mid-90's through 2005-2006 FY
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Dwight CJIA: 26, Dwight: 120, Graham: 90, Graham CJIA: 80, Jacksonville: 80, Kankakee CJIA: 40, Kankakee: 60, Lincoln: 40; Lincoln CJIA: 94, Logan: 50, Sheridan: 1100, Taylorville: 120, Vandalia: 80, Westside ATC: 50 Annual value: $ 7,473,847.44
Size of Service/Contract (in terms of bidder's total amount of business)	
Description of Services Per such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder's specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male and female clients and clients with special needs.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by the State of Missouri for additional discussions regarding my/my company's association with the bidder referenced above:

_____ _____

Signature of Reference Contact Person *Date of Signature*

(recommended but not required)

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PRIOR EXPERIENCE OF BIDDER

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Bidder Name:	Gateway Foundation, Inc., dba GFI Services
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	Missouri Department of Corrections
Address of Reference Company/Client:	P.O. Box 236 Jefferson City, MO 65102
Reference Contact Person Name, Phone #, and E-mail Address:	Marta Nolin, Assistant Director, Offender Rehabilitative Services (573) 526-6545 marta.nolin@doc.mo.gov
Title/Name of Service/Contract	In-custody services: WERDCC, Ozark Correctional Center, WRDCC, Maryville
Dates of Service/Contract:	Vary by Unit, but range from 1998 to Present
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	WERDCC: 240; Ozark: 650; WRDCC: 275; Maryville: 300 Annual value: $ 4,159,644
Size of Service/Contract (in terms of bidder's total amount of business)	
Description of Services Per such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder's specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male and female clients, clients with special needs.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by the State of Missouri for additional discussions regarding my/my company's association with the bidder referenced above:

_____ _____

Signature of Reference Contact Person *Date of Signature*

(recommended but not required)

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Bidder Name:	Gateway Foundation, Inc., dba GFI Services
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	Cook County Sheriff's Office Division of Reentry and Diversion Programs
Address of Reference Company/Client:	3026 S. California Chicago, IL 60608
Reference Contact Person Name, Phone #, and E-mail Address:	Mr. Robert Mindell (773) 674-4758 robert.mindell@cookcountyil.gov
Title/Name of Service/Contract	In-custody services: Day Reporting Center & Pre-Release Center
Dates of Service/Contract:	2009 - Present
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	450 beds – Pre-Release Center 200 slots – Day Reporting Center Annual value: $ 3,114,428
Size of Service/Contract (in terms of bidder's total amount of business)	
Description of Services Per such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder's specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male clients.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by the State of Missouri for additional discussions regarding my/my company's association with the bidder referenced above:

_____ _____

Signature of Reference Contact Person *Date of Signature*

(recommended but not required)

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Bidder Name:	Gateway Foundation, Inc., dba GFI Services
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	Texas Department of Criminal Justice
Address of Reference Company/Client:	861B IH-45 North, Suite #134 Huntsville, TX 77320
Reference Contact Person Name, Phone #, and E-mail Address:	Madeline Ortiz, Division Director, Rehabilitation Programs Division (936) 437-2180 madeline.ortiz@tdcj.state.tx.us
Title/Name of Service/Contract	In-custody services: Estelle, Hackberry, Havins, Houston ISF, Jester, Ney
Dates of Service/Contract:	2004 - Present
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Estelle: 212; Hackberry: 288; Havins: 576; Jester: 323; Houston ISF: 350; Ney: 296 Annual value: $7,152,993.78
Size of Service/Contract (in terms of bidder's total amount of business)	
Description of Services Per such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder's specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male and female clients and clients with special needs.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by the State of Missouri for additional discussions regarding my/my company's association with the bidder referenced above:

_____ _____

Signature of Reference Contact Person *Date of Signature*

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Bidder Name:	Gateway Foundation, Inc., dba GFI Services
Reference Information (Prior Services Performed For:)	
Name of Reference Company/Client:	New Jersey Department of Corrections
Address of Reference Company/Client:	Whittlesey Road; P.O. Box 863 Trenton, NJ 08625
Reference Contact Person Name, Phone #, and E-mail Address:	Herb Kaldany, Acting Director, Office of Drug Programs (609) 777-1497 herbert.kaldany@doc.state.nj.us
Title/Name of Service/Contract	In-custody services: Edna Mahan, Garden State, Mountainview, Northern State, South Woods, Southern State
Dates of Service/Contract:	2002 - Present
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	Edna Mahan: 60; Garden State: 276; Mountainview I: 132; Mountainview II: 96; Northern State: 192; South Woods: 124; Southern State: 496 FY12 Annual value: $ 6,071,649.99
Size of Service/Contract (in terms of bidder's total amount of business)	
Description of Services Per such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Bidder's specific duties and strategic objective	Combination of in-custody substance abuse treatment services for male and female clients, juveniles, and clients with special needs.

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by the State of Missouri for additional discussions regarding my/my company's association with the bidder referenced above:

_____ _____

Signature of Reference Contact Person *Date of Signature*

(recommended but not required)

GATEWAY BACKGROUND, HISTORY, AND EXPERIENCE

Legal Form of Business

Gateway Foundation, Inc. is a 501c (3) not-for-profit corporation incorporated in the State of Illinois. The corporate office is located at the following address:

Gateway Foundation, Inc.
55 East Jackson Blvd.
Suite 1500
Chicago, IL 60604

Gateway is governed by a diverse 16-member Board of Directors whose responsibility it is to further the stated mission of the agency, set policies and establish a vision for the agency, and monitor agency performance. Board members are recruited predominantly on the basis of professional expertise.

Established in 1968, Gateway today has 31 treatment sites spanning five states, including Illinois, Texas, Delaware, Missouri and New Jersey, and serves over 30,000 persons annually. Programs are provided in both community and correctional settings and serve a diverse clientele, including adolescents and adults with single and poly-substance addictions and those with co-occurring mental health disorders.

Types of Business Ventures

Gateway's mission is the provision of residential and outpatient substance abuse and mental health treatment programs for the indigent and incarcerated. We are actively engaged in the following types of business:

- Residential substance abuse treatment programs in correctional facilities
- Outpatient substance abuse treatment for correctional clients
- Transitional Treatment Center programming for correctional clients
- Community-based substance abuse treatment, including residential rehabilitation, intensive outpatient treatment, and drug court programs
- Community-based mental health treatment, including adult and child/adolescent outpatient treatment, and adult residential rehabilitation for substance abuse and co-occurring mental health disorders

The organization's programs are divided into the following two major Divisions, each headed by a Vice President:

- **Corrections Division:** Consists of 19 institutional treatment programs in four states (Texas, Missouri, New Jersey, Illinois) and outpatient programs in two states (Missouri and Illinois)

- **Community Services Division:** Consists of 6 residential rehabilitation sites in two states (Illinois, Delaware) that serve adolescents and/or adults and four outpatient programs in Illinois

Gateway Foundation has understood and addressed the connection between criminal activity and substance abuse since it began providing services in 1968[1]. Over the past 43 years, Gateway Foundation, Inc. has become one of the largest and most trusted providers of substance abuse and co-occurring treatment services in the United States. Gateway is a private, not-for-profit organization incorporated in the State of Illinois. Throughout our four decades of service, our mission has been, and continues to be, the provision of substance abuse and co-occurring disorders treatment programs that are therapeutically effective and cost efficient. Gateway specifically targets under-served populations in the areas served, including the indigent and the incarcerated, both adult and adolescent.

Illinois

Gateway began its history of service with the opening of Crieger Ellis Houses in Chicago in 1968, operating in a traditional therapeutic community model. With a base of community and government support, a series of new residential treatment programs was implemented in Illinois during the 1970s.

The first was the Lake Villa Treatment Center, followed by the Springfield facility in 1972 and Kedzie House in 1974. These successful programs are still in operation. In addition, the Belleville Outpatient program opened in 1982, the Caseyville residential center in southern Illinois opened in 1988, and Lake Villa Adolescent program was dedicated in 1984.

Linkages between Gateway and the criminal justice system in Illinois resulted in the development of **the first in-jail treatment program for male and female detainees at the Cook County Jail, the largest single site county jail in the country at that time.** In 1980, the Cook County Department of Corrections began a pilot program to provide separate quarters for 100 inmates receiving Gateway treatment services. The Residential Treatment Unit offered systematic intake and screening in order to house and identify drug-dependent offenders as they entered the Jail.

As a result of the success of the men's program at Cook County Jail, Gateway began providing services in the Women's Division of the Jail in 1986. The Illinois Department of Corrections (IDOC) was impressed with the service delivery for Cook County inmates and requested that

[1] On June 28, 1968, the name Gateway Houses Foundation was officially entered with the Cook County Recorder's Office. It was changed to Gateway Foundation in 1983 to better reflect the expanded array of services offered.

Gateway provide programming in the Illinois prison system. Gateway established treatment services within the Illinois Department of Corrections for women at Dwight, Logan, and Kankakee Correctional Centers in 1988, and for men at Graham, Sheridan, Lincoln, Taylorville, and Jacksonville Correctional Centers.

The Sheridan Correctional Center was re-opened in 2004 as a National Model Correctional Therapeutic Community, and Gateway operated the fully-dedicated 1,100 bed facility from 2004 through 2006[2]. **Recidivism studies by Loyola University and the Illinois Criminal Justice Information Authority (ICJIA) throughout that period evidenced outstanding success in reducing recidivism for those served.**

In May 2009, Gateway assumed responsibility for the **Pre-Release Center**, a 450-bed male residential program for pre-trial, court-ordered, or sentenced offenders and for the **Day Reporting Center,** an intensive supervision program for 200 pre-trial men located within the Department of Community Supervision and Intervention of the **Cook County Sheriff's Office in Chicago, Illinois.**

Texas

In the early 1990s, Gateway began providing services for the Texas Department of Criminal Justice, through the vision of then-Governor Ann Richards. As a result of her in-prison substance abuse treatment initiative, Gateway was selected to provide treatment services in the State of Texas in 1992. Between 1992 and 2007, Gateway grew to become **the State's exclusive substance abuse treatment vendor in correctional facilities by 2003. At present, Gateway provides in-custody treatment programs for male and female inmates at 6 fully-dedicated treatment institutions within the Texas Department of Criminal Justice system, totaling over 2,000 beds. The TDCJ/Gateway program at the Estelle Unit in Huntsville was named "2002 National Program of the Year" by the National Commission on Correctional Healthcare,** evidencing Gateway's ability to provide appropriate services for special needs population as well.

Gateway continued its expansion into corrections-based treatment through establishing programs in Arizona, Missouri, Indiana, Virginia and New Jersey. Although the Arizona and Indiana projects were de-funded after the first contract period due to political and budgetary considerations.

Missouri

Since 1998, Gateway has provided in-prison treatment services in Missouri to women in a 240-bed therapeutic community at the **Women's Eastern Reception and Diagnostic Correctional Center in Vandalia, MO.** This contract was expanded to include the provision of services for men at the nearby **Northeast Correctional Center.** A 525-bed program for men at the **Maryville Treatment Center** in Maryville, MO, is designated as an "integrated" program,

[2] Gateway voluntarily relinquished the contract to another provider.

meaning a blending the Department of Corrections counseling staff with the Gateway clinical staff to provide services. In September 2008, Gateway began providing in-prison TC services at the **Ozark Correctional Center** in Fordland, MO. This 650-bed fully dedicated treatment prison is the largest single program in Gateway's corrections operations. The latest expansion of Gateway's Missouri operations came in July 2010, when Gateway began operating the 275-bed short and intermediate term treatment programs at the **Western Reception, Diagnostic and Correctional Center in St. Joseph, MO.** Gateway also provides diagnostic assessment services and a partial-day treatment program through this contract.

In total, through the programming at the institutions outlined above, Gateway serves over 3,000 inmates per year in Missouri.

New Jersey
In **New Jersey**, Gateway is the sole provider of in-prison substance abuse treatment services for the NJDOC. There are eight programs housed in institutions across the state. Gateway provides services to over 2,000 inmates per year in New Jersey. **Seven of those programs began in October of 2002 and have been in operation for 9+ years.** Gateway recently received a renewal contract from NJDOC, further evidence of the outstanding services provided for the State of New Jersey.

Gateway Correctional Treatment
In FY 2011, Gateway corrections programs admitted nearly 19,000 clients: 11% of these clients were women, 62% were minority, and all were clients with little to no annual income. **As a result of our extensive history of correctional service delivery over the past 43 years in State prisons and other secure settings and our ability to successfully integrate "adaptive" treatment services within a variety of correctional systems that result in reductions to recidivism, Gateway is the perfect provider to deliver the in-prison Therapeutic Community treatment services requested through this solicitation.**

Along with providing substance abuse treatment services to individuals while they are incarcerated, Gateway assists individuals in gaining access to a full spectrum of services upon their release. Most individuals require continuing treatment (residential and/or outpatient), linkages with self-help groups and social service agencies, or assistance in finding appropriate housing. Gateway maintains links with other providers to insure that individuals can find appropriate services in the areas to which they are moving, and our treatment programs emphasize the development of life skills that enhance individuals' abilities to maintain sober, crime-free lives.

As a large, national not-for-profit corporation, Gateway Foundation has a wealth of management and administrative resources it is able to commit to this project. The organization has extensive experience in the administration of contracts, grants and awards for substance abuse program services within correctional settings including state and county correctional institutions, community or transitional correctional facilities, and secured criminal justice facilities operated 24-hours per day, 7-days per week.

Gateway has been administering programs and contracts in the state of Texas for nearly 20 years, in the state of Missouri for 18 years, and in the state of New Jersey for nearly 10 years. **Gateway has never had a contract terminated because of program or administrative deficiencies or the lack of administrative controls.**

Gateway possesses extensive experience with providing operational and administrative oversight for corrections programs throughout the country. The following table summarizes our current therapeutic community programs within correctional institutions.

Gateway Correctional Therapeutic Communities

UNIT NAME	UNIT LOCATION	BEDS	GENDER
Cook Co. Sheriff's Office, DRDP Pre-Release Center	Chicago, Illinois	**450**	Male
Estelle SAFPF	Huntsville, Texas	**212**	Male
Hackberry SAFPF	Gatesville, Texas	**288**	Female
Jester I SAFPF	Richmond, Texas	**323**	Male
Havins IPTC	Brownwood, Texas	**576**	Male
Ney IPTC	Hondo, Texas	**296**	Male
South Texas ISF	Houston, Texas	**350**	Male
Women's Eastern Reception and Diagnostic Center	Vandalia, Missouri	**240**	Female
Northeastern Correctional Center	Bowling Green, Missouri	**24**	Male
Maryville Treatment Center	Maryville, Missouri	**525**	Male
Western Reception and Diagnostic Center	St. Joseph, Missouri	**325**	Male
Ozark Correctional Center	Fordland, Missouri	**650**	Male
Edna Mahan	Clinton, New Jersey	**60**	Female
Garden State Correctional Facility	Yardville, NJ	**276**	Male
Mountainview Youth Correctional Facility	Annandale, NJ	**132**	Male
Mountainview Youth Correctional Facility II	Annandale, NJ	**96**	Male
Northern State Prison	Newark, NJ	**192**	Male
South Woods State Prison	Bridgeton, NJ	**124**	Male
Southern State Prison	Delmont, NJ	**496**	Male
19 INSTITUTIONAL PROGRAMS	**TOTAL BEDS**	**5,635**	**M: 5,047** **F: 588**

Administrative and Management Experience and Capability

A brief synopsis of each of the core elements of Gateway's administrative experience and management functions is provided below:

1. FISCAL OVERSIGHT/MANAGEMENT

- **Receipt and Disbursement of Funds**
  - Payments are primarily received through a lockbox. Payments are posted according to date of deposit from the bank to the payer's account balance.
  - Weekly check run to process vendor invoices/requisitions, etc., based on appropriate approval by various staff, is the basis of disbursed funds.
  - Signature authorizations are periodically updated and retained on file for reference.
  - Checks are generated weekly based on approved invoices, requisitions, purchase orders, etc. Checks for more than $5000 require two signatures. A check register is generated for each check run, is reviewed and kept on file.

- **Purchasing**
  - Solicitation and bids for services are carried out for purchases $5000 and up—primarily capital equipment or improvements. Requisitions, purchase order preparation, and receiving functions are carried out using an automated accounting system.
  - Goods are received, inspected and checked off against packing list and original request or purchase order. The packing list is signed and any discrepancies are noted. Some purchases are carried out through the use of procurement cards. Authorized users and authorized purchases using the procurement cards are administered through the corporate office. Purchasers using the procurement cards are required to account, document and secure approvals for their purchases. Approval authority is assigned to managers and those with budget responsibilities.

- **Payroll**
  - The payroll period is bi-weekly and is automated.
  - The payroll records include time sheets, payroll register and employee individual earning records, tax returns and wage assignments.
  - Payroll Automation includes approval of time sheets, signature on payroll checks and payroll taxes and generation of W-2s.

- **Petty Cash**
  - Petty cash is used for minor purchases of supplies and other operating expenses.
  - Standard procedures are documented. Petty cash requests are made using a standard requisition form. The balance varies by program site.

- The details by type and date of the expense is recorded and submitted to accounting for review along with petty cash receipts for expenses. Petty cash must be balanced and reconciled prior to additional request for funds.

- **Internal Controls**
  There are Internal Controls in place for safeguarding the assets of the organization and for preventing and detecting errors. The controls include, but are not limited to the following:
  - Written Fiscal/Financial Practice Policies and Procedures
  - The Policies and Procedures are regularly reviewed and revised as necessary
  - There is separation of functional responsibilities
  - Payments are primarily received through lockbox and wire transfers.
  - Formal Approval policies are followed
  - Both internal and external audits are performed
  - Financial reports are reviewed monthly by management
  - Bank and Receivable reconciliations are performed monthly

- **Information Systems**
  The Information Systems (IS) department is responsible for the installation and support of technology infrastructure of the organization, including PCs, printers, networks, computer applications, and telephones.

2. ACCOUNTING

The method of Accounting is Accrual. Fiscal year end is June 30. The Accounting Records maintained are General Ledger, Subsidiary Ledgers, Bank Statements, Journal Entries, Fixed Asset Records, Financial Statements, and Audit Work Papers, Investment Records, Tax Returns and Cost Reports.

Financial Statements are generated every month by 15th of the following month. The financial statements generated every month include individual cost center Income/Expense reports, consolidated Income/Expense reports for a group of cost centers and Lines of Businesses, Consolidated Income/Expense report for the organization and Consolidated Statement of Financial position and Investment reports. These reports are reviewed by the Program Managers, Area Directors, Accounting & Finance staff, Budget Department staff and Executive Management.

Annual audits are carried out by the auditing firm McGladrey & Pullen, LLP. Periodic audits are performed by funding providers.

3. BUDGETING

Each program or Reporting Unit has a Program Manager responsible for the preparation and review of the program budgets in consultation with the budget department.

Overall program budget is prepared based on (1) revenue to be earned for projected services to be delivered times rate per unit of service and performance incentive allowed under the contract if any, and (2) expenses to be incurred for staffing and other costs, to deliver the projected units of services.

Budget department receives and reviews annual budgets prepared by the program and department managers. The annual budgets are then presented to the Executive Management for review. Annual Budgets are approved by the Board of Directors in June each year. Budgets are reviewed every month by management with actual results. Adjustments are made if there are changes in the contract amounts or to correct any errors.

4. CONTRACT/GRANT ADMINISTRATION EXPERIENCE

The Program Support department reviews Requests for Proposals, Contracts, Grants and Award documents to ensure that the organization will be able to deliver services called for in the Requests for Proposals, Contracts, Grant and Award documents. Legal opinion is requested, if necessary, from the organization's counsel.

Renewal of Contracts, Grants and Awards is monitored by Program Support department. A thorough review of all contractual requirements is conducted upon contract award. A start-up team, consisting of program and administrative staff, is established, and all administrative items are reviewed/planned and monitored in light of the contractual requirements. Contract-specific reporting systems are developed, and a contract compliance monitoring form is developed for program use. Submission of contract required reports and other key program deliverables are monitored by the appropriate administrative unit.

5. PERSONNEL

- **Human Resources**

  Gateway's Human Resources Department, located in Chicago, IL, consists of 12 team members who serve over 1000 employees under the direction of the Vice President of Human Resources. The department is divided into three areas: Corrections, Community, and Employee Relations.

  The HR Corrections' team is overseen by a Manager, an HR Associate, and an Employee Service Representative. This team is responsible for benefits and workers compensation administration, unemployment compensation, employment, performance management, and complying with applicable federal, state and local employment laws.

The Employee Relations team is responsible for investigating employee complaints, leave administration and Equal Employment/Affirmative Action Planning for both the Corrections and Community Divisions. This team is directed by the Employee Relations Officer.

The HR department has served the Corrections Division and the corrections field for many years to ensure that staffing requirements outlined by the state contracts are met. The department also assists with efforts to recruit, train and retain a diverse and competent workforce and providing a positive working environment for all employees.

- **FY 2012 GATEWAY BOARD OF DIRECTORS**

A listing of the names and addresses of the FY2012 Gateway Foundation Board of Directors is included on the following pages.

Gateway Foundation Board of Directors

FY2012 Board Listing

Mr. Sidney Bradley
CitiBank
Vice President
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Strategy & Execution
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Elected 9/01

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Elected 6/98

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Elected 6/02

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Elected 7/06

Gateway Foundation Board of Directors

FY2012 Board Listing

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Elected 12/01

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Elected 09/04

Gateway Foundation Board of Directors

FY2012 Board Listing

FY2012 Officers

(Beginning 7/1/11)

Chairman.....Victor Fonseca
Treasurer.....Donald Crossett
Secretary.....Jennifer Johnson
Staff.....Michael Darcy

Gender and Racial Breakdown

Total seats	20
Seats filled	17
Male	14
Female	3
White	14
African American	01
Hispanic	01
Indian American	01

WHY GATEWAY IS BEST SUITED TO BE SELECTED

Gateway Foundation has provided substance abuse treatment services for 43 years and is best suited to be selected to provide the required services for numerous reasons:

EXCELLENT RECORD OF CONTRACT RENEWALS AND CONTRACT AWARDS

Gateway's record of receiving contract renewals or extensions when the contract allows States to award them is 100%. Gateway has been the sole provider of in-prison services for the New Jersey Department of Corrections for nearly a decade and has operated as many as 10 programs in Texas since 1992. Since opening the WERDCC Therapeutic Community for women in 1998, Gateway has long been the most experienced provider in Missouri and currently operates five institutional programs totaling over 1,700 beds. Gateway's Missouri programs in include the largest corrections-based program in the state and total all but one of the vendor-operated programs. When Gateway begins a contract relationship, it is committed to providing long-term stability for the Department.

ABILITY TO "ADAPT" TREATMENT ACCORDING TO IDENTIFIED NEEDS

Gateway has a long-standing relationship with the Texas Christian University Institute of Behavioral Research and has been working with research psychologist Dr. Kevin Knight to develop a systematic assessment and evaluation protocol using the CEST and CTS standardized instrumentation. In concert with Dr. Knight (see letter of support), Gateway uses the assessment and data collection process to hone treatment to the identified needs of clients during treatment. Program-level information is reviewed as a matter of Quality Improvement functions and is incorporated into structured, research-based programmatic interventions.

ABILITY TO MANAGE LARGE PROGRAMS IN CORRECTIONAL INSTITUTIONS

As previously described, Gateway has years of experience providing treatment services in correctional institutions for large programs of up to 950 static capacities. For example, Gateway operates nine therapeutic community treatment programs in correctional facilities in Texas, each of which have 520- to 632-bed capacities. The outcomes of these large programs have been outstanding! (See the Texas Criminal Justice Policy Council and Sheridan studies included in the appendix.) **Gateway also has successfully operated the 650-bed Ozark Correctional Center program in Missouri for the past three-and-a-half years and has worked with the Department to turn OCC into a model treatment program. In addition, Maryville Treatment Center has successfully implemented an "integrated" treatment program. Through collaborative and supportive relationships Gateway has developed with custody and DORS staff at MTC, this unique program has demonstrated the importance of cooperation to reach our common mission. We believe that this experience will enable Gateway to help the Department reach its goals of improving the continuity of care provided to female offenders in Missouri through the selection of Gateway for this contract.**

DATA COLLECTION/MONITORING SYSTEMS IN PLACE

It is important to note that these tracking and evaluation mechanisms are already in place and have been utilized by Gateway for many years. Gateway management and staff will apply their experience and established evaluation systems to TDCJ's programs as it continues to maintain a well-run system with no interruptions or delays in data collection or reporting of data in its current programs.

EXPERIENCE WITH RE-ENTRY PLANNING AND COMMUNITY REFERRAL PROCESSES

As a part of our history in providing services to the Missouri Department of Corrections (currently Gateway operates over 1,700 beds in institutional programs across the State), Gateway has extensive experience with continuum of care planning and transition follow-up procedures, which we will continue to employ at the WERDCC/NECC and CCC programs.

All of Gateway's treatment programs begin continuum of care planning upon admission to the program. Gateway utilizes a Transitional Care Coordinator in our large Texas programs and Re-Entry Specialists in our Illinois programs, which have proven to be very successful, clinically sound, and a major contributor to significant reductions in recidivism. In Gateway's Missouri and New Jersey programs, counselors implement a case management process to address re-entry and community referral needs that has proven to be an equally sound and effective system.

Of particular note is an outcome study conducted by the Criminal Justice Policy Council, Biennial Report to the 78th Texas Legislature, January 2003. The study consisted of 7869 men who entered an in-prison substance abuse TC program known as a Substance Abuse Felony Punishment Facility (SAFPF). The forty-four percent (44%) who completed the entire continuum of care that includes in-prison treatment, transitional community based residential treatment, and outpatient treatment had the lowest recidivism rates of any type of in-prison treatment in the State: 5% after two (2) years. The recidivism rates for those who completed only a portion of the continuum ranged between 25% and 31%.

REASONABLE, STABLE GROWTH OVER TIME AND FINANCIAL STABILITY

Gateway's methodical and stable growth over the years provides us with the financial stability to provide and continue effective programming year after year. As a not-for-profit organization, we are focused on our mission of serving the treatment needs of the indigent and the incarcerated. We are not directed by the need to meet stockholder financial expectations. However, through effective management over the years, Gateway is considered one of the nation's most financially stable not-for profit organizations. Our Dun and Bradstreet rating is 5A2, one of the best.

GATEWAY'S EXPERIENCE WITH MODIFYING THERAPEUTIC COMMUNITIES FOR CORRECTIONAL INSTITUTIONS

Gateway began providing Therapeutic Community services over 43 years ago and played a major role in shaping and modifying TC services over the years. Gateway pioneered special programs for youth, women and clients with special needs. As this is being written, there are more than 5,600 men and women in Gateway prison-based TC programs.

Gateway is perhaps best known for our Modified Therapeutic Community (TC) treatment model that Gateway has developed and implemented over time based on experience, ongoing study of TC research literature, and outcome studies over the past 43 years. Gateway's lengthy history of providing TC services to clients in correctional facilities clearly demonstrates our competence with Therapeutic Community treatment, modified to fit the treatment needs of the clients Gateway serve.

Gateway is committed to providing clients with meaningful, therapeutic, interpersonal interactions, whether they take place in session with staff or within the treatment milieu during so called "off hours." Gateway has modified the traditional TC model according to the premise that therapeutic social interactions are an essential component of treatment. **For this proposal, Gateway has described its intent to use a "Trauma-Informed" treatment approach to gender-specific female programming at WERDCC and CCC, while still using a more traditional, though modified, TC-structured approach for the special needs males.**

Gateway staff helps clients take active roles in their own treatment and to participate in developing mature and effective treatment environments. Change occurs and clients achieve recovery from substance abuse as they are exposed to healthy therapeutic community dynamics, participate in conflict resolution groups, perform job functions and learn to use the tools necessary to remain clean and sober while in custody and later upon release into the free world.

Gateway knows that a treatment community works best if it is separate from the general population and where inmates are expected to participate 24/7/365. Unfortunately, this is not always possible given the configurations and procedures within various correctional facilities. This is also true, of course, with modified treatment environments such as those proposed for the WERDCC and CCC treatment programs.

We have found that the basis for success with our treatment model centers on the extensive opportunity for meaningful interactions between clients that a mature treatment environment can provide. Over time, Gateway found that the traditional TC structure required increasing flexibility and multiple adaptations to address individual client and corrections department needs. The need to change the traditional model according to research updates also became clear. Therefore, Gateway continues to implement modified TC techniques in response to client and funding agency needs as the substance abuse treatment field continues to evolve.

Of specific relevance to this solicitation is Gateway's experience and expertise in establishing and maintaining effective treatment programs for "special needs" clients. Our success in this endeavor was recognized by a noteworthy evaluation of our program at the Estelle unit. The evaluation was funded by the Center for Substance Abuse Treatment (CSAT) and was conducted by the Change Assessment Research Team of the University of Houston.

The evaluation found that Gateway's program exhibited "careful planning of a holistic treatment approach and comprehensive curriculum," and "deliberate and conscientious staff hiring practices to insure the required clinical experience [and] a successful partnership between security and treatment." The report continued: "We found that Gateway has developed a unique substance abuse treatment program for the special needs clients that has: a treatment staff with clinical, as well as substance abuse treatment background and experience, a security staff with a belief in and a commitment to *treatment* of criminal offenders with substance abuse or dependence, [and] . . . an adjusted confrontation approach."

These findings spoke to Gateway's abilities to:

- "establish and maintain an effective, mature, therapeutic community environment
- establish and maintain effective working relationships with corrections personnel and involve corrections personnel in the treatment process, and
- adapt treatment methodologies to meet the needs of particular client populations."

Gateway's years of experience in substance abuse treatment programming within the walls of corrections facilities has taught us much about the target population we serve. We expect that the typical client is likely to be highly resistant to treatment and that most will deny the existence of a substance abuse problem and will refuse to acknowledge the connections between their substance use and criminal activity—despite their incarceration. This population tends to be extremely knowledgeable about the criminal justice system; they tend to "work the system" by participating in treatment activities just enough to avoid sanctions but without engaging in treatment or making any serious attempt to address their chemical dependency. Given this profile, treatment staff must assess each client's needs and develop an individualized program that targets each client's strengths and weaknesses; and the therapeutic community must be mature and fully functioning in order to facilitate the treatment and recovery process while engaging the client in treatment.

Similarly, **Gateway understands the importance of providing treatment to substance abusing offenders based on a holistic, yet individualized approach.** Chemical dependency affects all areas of an individual's life, and typically is intimately related to the criminal behaviors that resulted in incarceration. As an individual's addiction progresses, all areas of their lives are likely to become involved and affected, in increasingly severe ways.

Chemically dependent individuals typically exhibit poor nutrition and hygiene; they frequently engage in behaviors that put them at risk for infection, including infection with TB, hepatitis, HIV/AIDS and other sexually transmitted diseases. Their family relationships have disintegrated. If they have children, they may bear little responsibility for them. Their relationships are likely

to be marked by manipulation that is typical of drug-addicted individuals. They are likely to have a long history of criminal involvement. Their skills of daily living are likely to be poor or non-existent. Their communication skills are likely to be limited, and they are likely to have a limited ability to identify and express emotions.

They are not likely to have completed high school, and their vocational skills and experience are likely to be limited or nonexistent because their addiction likely has kept them from obtaining or keeping a job. It is likely that their relationships have been marked by emotional or physical abuse--as the abuser, the victim, or both. They will have little or no experience working with others toward a common, positive goal.

At the same time, individuals who are chemically dependent often have great difficulty making the changes necessary to lead a productive, pro-social, healthy life. The prospect of change is frightening. The proposed treatment approach addresses this fear as well as the myriad areas of the individual's life affected by chemical dependency, by providing a healthy, pro-social environment that teaches and models appropriate behavior even as it expects individuals to adopt those behaviors.

Each phase of the treatment experience incorporates the materials learned in previous weeks and months. As clients learn about addiction and recovery, they apply those lessons to their own lives, in order to better understand their own addictions and develop a personal recovery program that will enable them to lead crime-free and drug-free lives upon release from the correctional facilities.

They learn the skills they will need to succeed and have opportunities to learn in group and individual counseling sessions, didactic education sessions, including sessions that address criminal thinking and criminal behavior, and in life skills classes. They learn vocational skills and practice them as they perform their jobs in the correctional institutions and within the therapeutic communities. They identify their own relapse triggers and develop relapse prevention plans that take those triggers into account. Throughout treatment, they learn to accept the help and support of others and to provide help and support in return in 12-step and self-help groups.

As this overview describes, all of Gateway's institutional treatment programs utilize a holistic bio-psycho-social approach to chemical dependency and substance abuse treatment. Chemical dependency affects the whole person, and treatment programs must therefore address the needs of the whole person. Gateway's treatment model is uniquely suited to providing a holistic treatment process because the program insists that individuals are "in treatment" at all times, no matter the activity in which an individual is engaged. The proposed treatment modifications for the WERDCC and CCC focus on a staff-driven approach that includes several "TC-like" elements to ensure adequate program structure within the environment. These modifications to our core treatment model are described in further detail in Section 3.7 of this proposal.

As required by the IFB, Gateway wishes to share with MDOC the expertise we have gained in efficiently providing treatment services within a correctional environment. Specifically, we wish to note the following expertise.

We have learned that the keys to effective corrections-based programs include the following:

(1) an in-depth understanding of the target population;

(2) collaborative working relationships with corrections, probation, parole, and state officials;

(3) treatment programs that maintain high client and staff retention rates and provide an appropriate array of services, including special program modifications whenever necessary; and,

(4) an emphasis on the continuum of care and other support services that make re-entry into society as smooth and successful as possible.

All Gateway institutional treatment sites utilize treatment paradigms that are supplemented by our Cognitive Restructuring/Cognitive Self-Change curriculum and processes. As detailed elsewhere in this proposal, **we have incorporated Cognitive Restructuring/Cognitive Self Change methods by training staff and designing our programs to utilize Cognitive Self Change(CSC) techniques during group, educational and individual sessions, as well as by introducing the use of these techniques in day-to-day interactions among clients and staff during milieu interactions.**

Gateway believes this approach will fully integrate treatment methods with CSC techniques and support group principles, resulting in a powerful and positive influence on the clients we serve. Although each of the corrections programs described below differs according to the needs of the funding source that houses the program, Gateway utilizes this important, integrated approach in each of our corrections programs.

Individualized Care within the Treatment Environment

Gateway's in-custody treatment programs are holistic in nature; our services consider all aspects of the individual. Our treatment communities reinforce the belief that offenders must take responsibility for their behaviors and decisions. Offenders are encouraged to adopt positive means to recover from their addiction, cope with life's stresses, and develop pro-social attitudes and behaviors.

The basis for success with this model is the extensive opportunities for meaningful interactions between offenders that a mature therapeutic environment provides. The traditional TC structure required increasing flexibility and multiple adaptations to address individual offender needs. Over the years, we have consistently implemented modified TC techniques as the substance abuse treatment field continued to grow. Our proposal describes our plan to provide

individualized care within a modified treatment model that uses staff-directed interventions within a structured environment. These modifications to our model emphasize "adapting" treatment according to the individual needs of the clients we serve.

As such, the most notable aspect of Gateway's recent modifications to its treatment model is the use of internal evaluation data to **hone treatment service interventions according to identified client-specific needs and issues.** Over the past 10 years of working with Dr. Kevin Knight of TCU's Institute of Behavioral Research, Gateway established a protocol that ensures that treatment service interventions are matched to individually identified risks and needs. By using phase-specific data collection points for standardized assessment instrumentation (CTS & CEST) throughout the treatment episode, Gateway can implement need-specific interventions using the TCU Brief Intervention modules (described elsewhere in this proposal).

Gateway has been described by Dr. Knight as having **"developed an outstanding, fully-integrated clinical model based on the TCU system whereby the delivery of treatment services is informed by the assessment process and tailored to address client risks and needs—an important value added component over a "one-size-fits-all" approach!"** (See Dr. Knight's letter of support on the next page). **As a result of these advancements to the treatment model, Gateway is the only provider that can truly provide individualized services for Missouri's offenders within the framework of a structured treatment program.**

Along with substance abuse treatment services during incarceration, Gateway prepares clients for re-entry by helping them gain access to a full array of services upon their release. In order to make the most appropriate post-release referral recommendations, Gateway has partnered with TCU to implement the Inmate Prerelease Assessment (IPASS) instrument as an objective means of assessing the client's risk level at discharge. By using this standardized, research-based assessment of ongoing risks/needs, Gateway clinicians are more prepared to make the most clinically appropriate referrals.

Most individuals require continuing treatment (residential or outpatient), linkages with self-help groups and social service agencies, or assistance in finding appropriate housing and jobs. Gateway maintains linkages with other providers to insure that individuals can find appropriate services in the areas to which they are moving. Through this new contract, Gateway proposes to include the IPASS scoring and aftercare recommendations for offenders who complete the program at WERDCC, CCC, and NECC.

Institute of Behavioral Research

April 15, 2012

Michael Darcy, President & CEO
Gateway Foundation Inc.
55 East Jackson Blvd., Suite 1500
Chicago, IL 60606

Dear Mr. Darcy,

The purpose of this letter is to express my **strong support and endorsement** of Gateway Foundation's proposal to provide substance abuse treatment services at the Chillicothe Correctional Center, and continue providing services at the Women's Eastern Reception, Diagnostic and Correctional Center, and the Northeast Correctional Center.

Texas Christian University and Gateway Foundation have a long history of collaborating on efforts geared toward the improvement of service delivery for substance-using populations. As exemplified within several Gateway programs (particularly within the Missouri DOC, Texas Department of Criminal Justice, New Jersey DOC, and Illinois Cook County Probation), we have been able to work together successfully in implementing an evidence-based screening and assessment protocol, and using the information that is gathered from it to inform the delivery of tailored treatment services. It is important to note that while many providers across the country have integrated various pieces of the TCU assessment and intervention system, **Gateway has developed an outstanding, fully-integrated clinical model based on the TCU system whereby the delivery of treatment services is informed by the assessment process and tailored to address client risks and needs**—an important value added component over a "one-size-fits-all" approach! I have advised several public and private treatment providers, at both the federal and state level, and have found that the **Gateway programs are among the best run programs in the nation and consistently provide the highest quality treatment services.** Furthermore, Gateway's leadership is to be commended for pursuing a forward thinking approach with respect to adapting evidence-based programming and evaluation. They have been an important partner in the development of the Automated Data Collection (ADC) system for the TCU instruments, and I feel confident that their knowledge of this system will continue to benefit the Missouri DOC and their substance abuse programs.

I am honored to provide this letter of support in Gateway Foundation's bid to provide treatment within the CCC, WERDCC and NECC programs, and am committed to providing whatever assistance is needed to ensure that Gateway continues to provide the most effective treatment services.

Sincerely,

Kevin Knight, Ph.D.
Associate Director for Criminal Justice Studies

Texas Christian University, Institute of Behavioral Research, Box 298740, Fort Worth TX 76129

GATEWAY'S EXPERIENCE WITH CORRECTIONAL INSTITUTION PROTOCOL

In all of Gateway's treatment programs in correctional facilities, our approach has been and continues to be based on the following philosophy: First and foremost, "We are a guest in your home." Gateway strives to maintain a positive, cooperative relationship with contracting corrections agencies. Gateway proceeds with care to respect each agency's laws, rules, regulations and procedures. In turn, we hope to foster a sense of mutual respect and camaraderie that translates into the highest quality of service for the agency and for each individual client. Therefore, Gateway structures each of its treatment programs according to the requirements of the hosting agency.

Respect for Institutional Scheduling

An important aspect of our collaboration and integration with institutional protocol will involve the program schedule. Gateway has developed effective schedules for a variety of programs, and Gateway personnel are well-versed in collaborating with corrections agencies in developing schedules that meet the needs of the Department and of the clients. **In corrections environments, Gateway is aware of various security issues and other agency concerns, such as the need for scheduled and/or random "counts" and the importance of providing for control of inmate movement with respect to the program schedule**. Gateway will therefore adapt our schedule to accommodate the facility schedule in this regard and address the need for escorts during client movement, supervision of client visitation, recreation and other activities, **working closely with institution representatives in designing program schedules.**

In any event, Gateway will work closely to adopt program schedules that best serve the interests of the Department and the program participants at each facility. All activities will be scheduled according to institutional restrictions, and the proposed schedule is subject to adjustment based on our collaboration with the department.

Respect for Institutional Security Issues

Gateway's goal is to understand, abide by, and accommodate the security needs of the program while providing therapeutic programming. Our lengthy history of successful programming in correctional facilities speaks to our ability to abide by the myriad rules and regulations pertaining to the maintenance of security.

The relationship of the Program Director and representatives at the facility is of the utmost importance in maintaining an effective treatment program within the context of a secure and safe institution. To that end, Gateway recommends that the Program Director and Department representatives at each facility meet frequently—as often as daily—in order to discuss ongoing concerns as well as any new issues. In addition, Gateway's Program Director will work closely

with each facility's administration to develop policies and procedures that enable the facilities to maintain security and Gateway to provide effective treatment.

Gateway's experience has shown repeatedly that, for the most effective treatment to take place, everyone—security personnel, treatment staff, and clients—must be comfortable with the arrangements. Our experience has also shown that good treatment programs decrease security problems; good treatment makes for good security. As corrections officers experience positive results from the program, their attitudes help generate further goodwill and a continually improving relationship between the corrections officers and treatment program staff and clients. Gateway facilitates this positive experience by making every effort to meet the Department's and other corrections officials' requirements.

THE COLLABORATION OF GATEWAY AND DOC: A MODEL OF SUCCESSFUL INTEGRATION

(Seamless Integration into Institutional Activities and Lines of Communication)

Gateway Foundation and the Missouri Department of Corrections (DOC) have partnered to work in an intentional fashion to move beyond the constraints of mere cooperation toward full collaboration in operating a Therapeutic Treatment Community within the prison setting. This collaboration is based on the belief that recovery is a holistic experience and that the best potential for a prison-based treatment program can be realized only when all stakeholders are committed to providing the environment and processes supported by research as most consistent with best practices. **Each-Gateway site/team has implemented collaborative strategies consistent with recommendations made throughout the literature and research on prison-based therapeutic treatment communities.**

Through the guidance and support of the Gateway Director and the facility Wardens and Functional Unit Managers, the Gateway teams have endeavored to establish a common philosophical and theoretical foundation related to the collaborative team approach. Each team worked to develop a common understanding of what is needed to function as a successful interdisciplinary team.

Under this concept, professional trust leads to productive conflict, then to mutual commitment and interpersonal accountability, and finally, to desired results. In contrast, lack of trust leads to fear of conflict, then to a lack of commitment, avoidance of accountability, and inattention to results. Joint trainings are developed and scheduled. We hope to bring the examples implemented at the Ozark Correctional Center to full fruition in all of Gateway's correctional-based programs in Missouri. These include teams composed of each of the various disciplines and outward signs of the joint commitment to team functioning (i.e., lapel pins, posters etc.) that have been incorporated as a standard part of doing business at OCC.

Gateway will make every effort to include each member of the various departments (as appropriate) to share with other team members what is known of offenders from DOC classification files, intake assessments, and other documentation. Mental health scores,

educational scores, medical needs, motivational status, assessment information, and other data would all be a part of the intake staffing. The information garnered will allow primary counselors a foundation upon which to assist offenders in creating an initial treatment plan.

During the treatment period, primary teams would meet to discuss offender behaviors and treatment needs. Formal staffings will be (and are) scheduled and communicated throughout the institution via email. Any staff member with information to bring to the staffing is invited to attend. Treatment decisions are based on input from all team members, and responsibility to guide offenders through various treatment interventions is shared by every member of the team.

Treatment interventions such as treatment plan modifications and behavior contracts could be communicated to all staff through email so that every member of the treatment team would be aware of what is happening with offenders. The objective is to relay to offenders that wherever they go (work, school, medical, mental health, chow hall, or anywhere else), staff are aware of what is occurring in their treatment and will support their efforts to change. Likewise, offenders become aware that there is "no refuge finally from" themselves.

Special consideration is always given to the special needs that many of our offenders face. Educational deficits, mental health issues, and medical issues often require special accommodations for offenders to benefit from and successfully complete the treatment program. Here again, an integrated treatment team that works together to identify what impact offenders' special needs may have on their ability to comply with normal programming is highly beneficial. Appropriate accommodations would be identified in consultation with the various disciplines to respond to these needs.

Assignments and processes will be modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, or education professionals. Modifications are based on extensive interdisciplinary staffing so as to protect offenders and the integrity of the program from reactionary or unfounded assumptions related to offenders' abilities. Furthermore, when the need for a Program Review Committee to evaluate offenders' behavior or progress becomes evident, such review would be attended by the appropriate department (mental health, medical, or education) that can best evaluate the impact of the offenders' special needs on their overall performance.

Every staff person at Gateway treatment programs contributes to the overall treatment experience of offenders in our care. From orientation to treatment assignment to work details and throughout every aspect of programming, the Gateway treatment experience is the result of efforts to build a multidisciplinary, interagency, team-centered approach and the collaborative effort of the entire community.

Utilizing the model established at OCC, Gateway will strive to establish a model relationship and unified approach with DOC to achieve their joint mission not often observed in prison based treatment programs. The end result is that everyone benefits. The institution is a more satisfying place to work for staff. Offenders receive more in-depth assessment and individualized treatment services. Treatment is more successful, and the community is made safer.

RESEARCH SUPPORT FOR SUCCESS OF GATEWAY PROGRAMS

The following sections provide research support for the effectiveness of Gateway TC programming in helping offenders overcome chemical dependency and criminal lifestyles.

INTERNAL ASSESSMENT & PROCESS EVALUATION PROTOCOL

Gateway Provides Individualized Care within the TC Framework

For years Gateway has partnered with the Texas Christian University Institute of Behavioral Research (TCU/IBR) to incorporate a research-based assessment protocol into our model, thereby ensuring that treatment services are directly related to individual risks and needs throughout the treatment episode. This approach is currently unique to Gateway Foundation programs, as indicated by Dr. Kevin Knight, of TCU/IBR, in a past letter of support:

"...Gateway is clearly leading the path in taking it to the next step and actually delivering treatment services specific to identified client risks and needs..."

"It is important to note that while many providers across the country are currently using the TCU assessment system, Gateway has developed an outstanding, fully-integrated clinical model based on the TCU system whereby the delivery of treatment services is informed by the assessment process and tailored to address client risks and needs - an important value added component over a "one-size-fits-all" approach!"

Gateway assisted TCU/IBR in the development of the Automated Data Collection (ADC) system for administering the Criminal Justice Client Evaluation of Self and Treatment (CEST) and the Criminal Thinking Scales (CTS), and is the provider with the most years of experience collecting and using this information for treatment improvement within our programs.

In the effort to establish an internal outcome evaluation for our New Jersey DOC service delivery system, Gateway worked with TCU/IBR to develop a structured internal assessment and evaluation protocol. This effort produced a method for Gateway clinicians to implement research-supported assessment instruments throughout an offender's treatment episode, allowing us to measure changes in risks and needs over periods of time throughout treatment. Although Gateway has participated in numerous outcome evaluations over the years, this was the first time we were able to employ a *process evaluation* strategy to adapt our treatment interventions during treatment.

In early 2008, Gateway adopted the Internal Evaluation Protocol and the TCU ADC data collection system across the entire Corrections Division. This protocol is now used in all correctional programs and is a staple of all planned expansion. **Gateway began implementing this model at WERDCC in 2010.** By using research-supported instruments and methodologies, our process evaluation results enable Gateway to demonstrate real successes with its interventions, providing evidence that we are effective stewards of public funds and tax-payer support. Gateway is a responsible partner that can assist corrections departments with reducing recidivism in a cost-effective manner.

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY – EVALUATION OF IDOC SHERIDAN TC

The Sheridan Correctional Center reopened in January, 2004 as a unique national model institution aimed at reducing drug crime and drug-related crime by serving as a substance abuse treatment facility with reintegrated reentry services for inmates. The Sheridan program is unique in that the entire medium-security prison is a dedicated therapeutic community substance abuse treatment program.

"...participants experienced a 44% lower re-incarceration rate..."

Although offenders at Sheridan are considered a "serious" population in terms of their criminal records and history of substance abuse, preliminary outcomes comparing the first 721 Sheridan releasees with a matched comparison group of 1,412 offenders released at the same time indicated the following as of 12/31/05:

--Sheridan participants experienced a 44% lower re-incarceration rate (7% vs. 17%) at 6 months post-release than the comparison group.
--The re-arrest rates for Sheridan participants who spent nine months at Sheridan compared to the comparison group participants were 63% lower.

The process and initial impact evaluation, conducted by Dr. David Olson of Loyola University Chicago and the Illinois Criminal Justice Information Authority (with guidance provided by Dr. Kevin Knight of TCU), indicated the following:

Those removed from program for rule violations/failure to participate are different than those who remain. Removals are younger, less likely to be eligible for Earned Good Conduct Credit, and are more likely to be marijuana abusers.

--The removal rate at Sheridan is better than at most prison-based TCs.
--The components of effective treatment programs (participation, rapport, etc.) are evident from participant surveys.
--The treatment dosage is appropriate.
--Components of effective employment readiness and an employment skill identification program are in place.
--The recidivism rate is lower and the employment rate higher than similar prison releasees and these rates are likely to improve even more over time.

These preliminary findings support past research findings that document the fact the "treatment works." As the Sheridan program reaches capacity and as participants are released in larger numbers to the community, the challenges are the coordination and balance of participant needs, reintegration into the community, and public safety concerns. The estimated savings to the State of Illinois based on Sheridan's lower reincarceration rate was $2.1 million.*

*Source: Olson, D., Rapp, J., Powers, M., & Karr, S. (2006, May). Sheridan Correctional Center therapeutic community: year 2. *Illinois Criminal Justice Information Authority Program Evaluation Summary, 4(2)*, 1-4

COOK COUNTY JAIL OUTCOME STUDY

The correctional treatment and recidivism study conducted at the Cook County Jail was conducted by researchers from TASC and Loyola University, who performed a study of Gateway's substance abuse treatment program at the Jail for the Center for Substance Abuse Treatment and Socio-Technical Research Associates. This study examined the effect of substance abuse treatment on re-arrest rates and compared results among inmates who had various lengths of stay in treatment.

The treatment was provided through the coordination of four agencies: the Illinois Office of Alcoholism and Substance Abuse (OASA) had general oversight responsibilities; Cermak Health Services of DOC/Sheriff provided medical and psychiatric care at the Cook County Jail; Illinois Treatment Alternatives for Safe Communities (TASC) conducted assessments, pre-treatment groups, orientation, services, and placement and case management services for participants completing the program and leaving jail; and Gateway Foundation, Inc. provided the substance abuse treatment. The program was a modified therapeutic community treatment model. Inmates moved through several phases of treatment, and graduates were referred to community-based treatment for continued care.

"...there was a near elimination of inmate and gang-related violence among participants..."

The study showed that time in substance abuse treatment correlated with reduced recidivism rates: participants who spent between 90 and 150 days in the treatment program had much lower recidivism rates than those who spent less time in treatment; there was a near elimination of inmate and gang-related violence among participants; and 10% completed Adult Basic Education or General Equivalency Diploma educational programs while in the program.

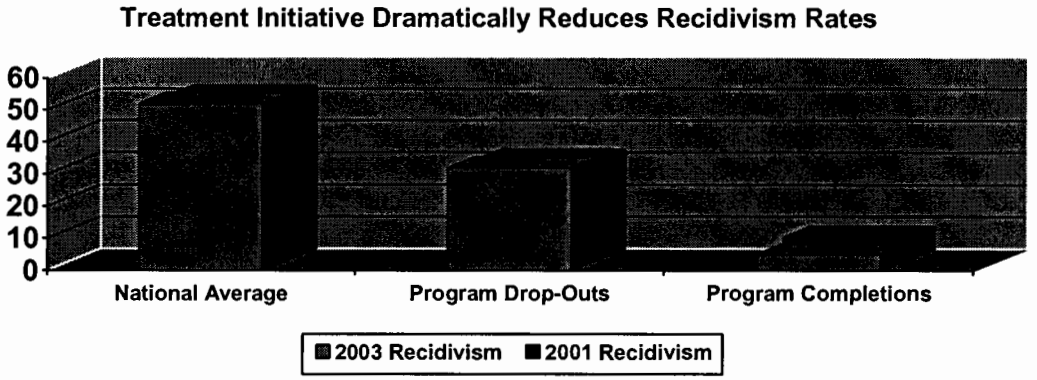
The treatment program was selected by the Research Triangle Institute (RTI) to participate in its NIDA-funded study, "The Availability, Cost and Effectiveness of Drug Abuse Treatment Programs Provided in Coordination with Criminal Justice Programs" and continues to be identified as a national model by the Bureau of Justice Administration and the Center for Substance Abuse Treatment.

TEXAS CRIMINAL JUSTICE POLICY COUNCIL – EVALUATION OF THE TDCJ TREATMENT INITIATIVE

In 2001 and 2003, the Policy Council published comprehensive outcome studies that evidenced 7% and 5% recidivism rates, respectively, for those inmates who completed the entire continuum of care.

"...residential treatment and outpatient treatment resulted in lower recidivism rates and estimated savings of $60.5 million to the State of Texas."

The study* consisted of 7,869 offenders who entered an in-prison substance abuse TC program known as a Substance Abuse Felony Punishment Facility (SAFPF). Eighty percent (80%) of these offenders were Gateway program graduates. The forty-four percent (44%) who completed in-prison treatment, transitional community-based residential treatment, and outpatient treatment had a recidivism rate of 5%, a decrease from 7% recidivism from the study published in 2001.



Additionally, the recidivism rate for non-completers of the program was 30% – 32%, well below the national average of 51%. The study demonstrated that use of the Texas concept of in-prison treatment combined with community-based residential treatment and outpatient treatment resulted in lower recidivism rates and estimated savings of $60.5 million to the State of Texas. Based on these findings, a key goal must be to increase the percentage of inmates completing the full continuum. Enhanced re-entry techniques are a must if this is to be achieved.

A focus of all corrections programming is the provision of extensive case management and referrals to community agencies to continue programming upon release from the institution.

*Source: Texas Criminal Justice Policy Council Biennial Report to the 78th Texas Legislature, January 2003.

CURRENT RESEARCH PARTICIPATION

Gateway's commitment to providing effective, efficient treatment programs is evident in our ongoing participation in research and evaluation projects across the Corrections Division. Our current studies include the following current projects.

- **Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS)**—ongoing
  In conjunction with the Texas Christian University Institute of Behavioral Research (TCU/IBR), Gateway is serving as one of IBR's lead partners in an important NIDA-funded project called CJ-DATS. This ongoing multi-year project already has led to substantial improvements in the way CJ agencies assess offenders' risks and needs and in the way they target the delivery of treatment services. Over the next few years, Gateway will be participating in studies involving the implementation and sustainability of evidence-based screening and assessment tools, targeted interventions, and a comprehensive HIV/AIDS continuum of risk-reduction approaches.

- **New Jersey Department of Corrections (NJDOC)**—ongoing
  This internal substance abuse process evaluation examines the impact of service delivery on client motivation, psychosocial functioning, criminal thinking, and criminogenic behaviors. Through ongoing monitoring of client performance, Gateway is gaining a better understanding of which treatment components are benefiting which clients the most. The results are leading to a more targeted and efficient treatment approach that allows Gateway to be in a unique position to provide services that more effectively meet individual client needs.

- **Sustainable HIV Risk Reduction Strategies for CJ Systems**—ongoing
  As the lead partner with TCU IBR on this large, 5-year NIDA-funded project, Gateway is participating in this study intended to reduce HIV and other addiction-related disease risks in CJ populations. The first phase of the study included a Disease Risk Reduction (DRR) intervention effectiveness study, and the second addresses its implementation in community supervision settings. Unlike traditional didactic approaches, the manual-guided DRR planning and decision-making strategy will be based on cognitive tools that focus on an evidence-based, visual-spatial communication approach.

WHY CHOOSE GATEWAY? VALUE ADDED!!!

EXPERIENCE WITH TCU CJ-CEST AND CTS

With over 10 years of experience collecting and utilizing CJ-CEST and CTS data to guide treatment interventions, Gateway is the most qualified provider to implement the Automated Data Collection (ADC) protocol outlined on the TCU/IBR website. Gateway has both the experience and expertise to use these research-supported instruments to guide the services delivered at the CCC, WERDCC and NECC facilities.

RECENT RESEARCH-BASED ADAPTATIONS

Gateway's most recent research-based adaptations to our model are centered on providing ongoing, standardized assessments throughout the treatment episode to individualize interventions within the TC framework. This advancement in our model is unparalleled by other providers in the field. Kevin Knight, Ph.D., Research Scientist at the Texas Christian University Institute of Behavioral Research has strongly stated that "**Gateway has developed an outstanding, fully-integrated clinical model based on the TCU system whereby the delivery of treatment services is informed by the assessment process and tailored to address client risks and needs...**" (See Dr. Knight's Letter of Support provided earlier in this document.) This echoes the direction of the treatment field in using standardized assessments to guide the treatment process. Gateway is uniquely prepared to continue administering the CEST and CTS as part of a comprehensive process that extends throughout the treatment episode.

Gateway has a long-standing relationship with the Texas Christian University Institute of Behavioral Research, and has been working with research psychologist Dr. Kevin Knight to develop a systematic assessment and evaluation protocol using the CEST and CTS standardized instrumentation. In concert with Dr. Knight (see letter of support), Gateway uses the assessment and data collection process to hone treatment to the identified needs of clients during treatment. Program-level information is reviewed as a matter of Quality Improvement functions and incorporated into structured, research-based programmatic interventions.

PAST RESEARCH

Gateway has participated in research projects and evaluation studies since its inception. Our past research participation has included:

- National Treatment Outcome Perspective Study (TOPS) participation
- Drug Abuse Treatment Outcome Study (DATOS) participation
- Client matching protocol study
- Multi-site longitudinal treatment outcome study conducted by the Center for Substance Abuse Treatment (CSAT)
- Texas Department of Criminal Justice (TDCJ) Estelle Correctional Center Special Needs participant outcome study conducted by the University of Houston
- Dwight corrections-based study conducted by the Illinois Criminal Justice Authority
- Adolescent residential treatment outcome and process studies at the Lake Villa and Carbondale Youth Care Programs, conducted by the University of Illinois
- Illinois outcome study of TANF women in the Chicago area conducted by the Illinois Department of Human Services and involving participants at Gateway's West Side adult and Chicago Outpatient Northwest programs
- Basis 32 standardized outcome study conducted internally by Gateway at various Illinois-based treatment programs—data were collected on participants on admission, during treatment, 90 days after treatment and one year after treatment

CONTRACTS OF SIMILAR SIZE AND SCOPE WITHIN PAST 5-10 YEARS

Reference Name, Title and Contact Information	Contracts
Texas Department of Criminal Justice Madeline Ortiz, Division Director Rehabilitation and Re-Entry Programs 861-B IH-45 North Suite #134 Huntsville, Texas 77320 (936) 437-2180 Madeline.Ortiz@tdcj.state.tx.us Texas Department of Criminal Justice Celeste Byrne, Division Director Private Facility Contract Monitoring/Oversight Two Financial Plaza, Suite 525 Huntsville, TX 77340 Celeste.Byrne@tdcj.state.tx.us	Ellen Halbert Substance Abuse Felony Punishment Facility (SAFPF) 9/1/04 – 8/31/09 (Lost to re-bid) 612-bed women's substance abuse modified TC Estelle SAFPF 9/1/04 to present 188-bed men's substance abuse modified TC; special needs unit Glossbrenner SAFPF 9/1/04- 8/31/09 (Lost to re-bid) 612-bed men's substance abuse modified TC Hackberry SAFPF 9/1/04 - present 288 women's substance abuse modified TC Jester I SAFPF 9/1/04 to present 323-bed men's substance abuse modified TC; special needs unit Kyle IPTC 9/1/04 – 8/31/09 (Lost to re-bid) 520-bed men's substance abuse modified TC; special needs unit Walker Sayle SAFPF 9/1/04 – 8/31/09 (Lost to re-bid) 632-bed men's substance abuse modified TC South Texas Intermediate Sanction Facility 4/1/06 to present 350-bed men's substance abuse intermediate sanction facilities
Southwestern Correctional, LLC Mr. Tim Kurpiewski, CFO 26228 Ranch Road 12 Dripping Springs TX 78620 512-858-7202 timswc@aol.com	**Southwestern Correctional Burnet County Jail** 6/1/09 to 8/31/2011 120-bed men's, 96-bed women's substance abuse modified TC (SAFPF) 144-bed men's, 96-bed women's ISF

Reference Name, Title and Contact Information	Contracts
New Jersey Department. of Corrections Herb Kaldany, Acting Director, Office of Drug Programs Whittlesey Road; P.O. Box 863 Trenton, New Jersey 08625 (609) 777-1497 Herbert.Kaldany@doc.state.nj.us	**The NJDOC contract is a multi-site contract. NJ has changed some of the program locations over the life of the agreement.** 10/10/04 to present **Edna Mahan** 60-bed women's substance abuse modified TC **Garden State Correctional Facility** 320-bed women's substance abuse modified TC **Mountainview Youth Correctional Facility** 88-bed youth substance abuse modified TC **Mountainview Youth Correctional Facility II** 96-bed youth substance abuse modified TC **New Lisbon (Closed)** 138-bed substance abuse modified TC **Northern State Prison** 96-bed substance abuse modified TC Doubled to 192 **Riverfront (Closed)** 117-bed substance abuse modified TC **South Woods State Prison** 234-bed substance abuse modified TC Capacity reduced to 124 **Southern State Prison** 366-bed substance abuse modified TC Capacity increased to 496

Reference Name, Title and Contact Information	Contracts
Cook County Sheriff's Office Department of Reentry and Diversion Programs Mr. Robert Mindell 3026 S. California Chicago, IL 60608 773-674-4758 (Office) 773-674-7676 (Fax) Robert.Mindell@cookcountyil.gov	**Day Reporting & Pre-Release Centers** 5/17/09 to present 250-slot Day Reporting Center and a 450 bed male substance abuse modified therapeutic community pre-release center

Reference Name, Title and Contact Information	Contracts
Missouri Dept. of Corrections Ms. Marta Nolin Assistant Director, Offender Rehabilitative Services P.O. Box 236 Jefferson City, MO 65102 (573) 526-6545 Marta.Nolin@doc.mo.gov	**Women's Eastern Reception and Diagnostic Correctional Center (Missouri)** 7/1/04 to present (current contract period) Women's 240-bed; 75 beds are dual diagnosis modified TC **Maryville (Missouri) Treatment Center** 12/4/07 to present 525-bed male modified therapeutic community (300 beds under contract) **Northeast (Missouri) Correctional Center** 7/1/08 to present (Part of the Women's Eastern Reception agreement) 24-bed male substance abuse treatment for clients with special needs **Ozark (Missouri) Correctional Center** 9/18/08 to present 650-bed male long-term modified TC **Western Reception Diagnostic Correctional Center St. Joseph** 7/1/10 to present 275-bed male short term and intermediate substance abuse treatment, 25 to 50 Partial Day Treatment and 1800 assessments

Program Evaluation Summary
Vol. 4 No. 2 May 2006

Sheridan Correctional Center Therapeutic Community: Year 2

By David E. Olson, Ph.D., Jennifer Rapp, Mark Powers, and Steve Karr

After two years of operation, the Sheridan Correctional Center Therapeutic Community continues to successfully treat inmates with substance abuse problems while providing services to increase post-release employability and reduce the risk of re-arrest and re-imprisonment.

By the end of 2005, 918 inmates were housed at the Illinois Department of Corrections' (IDOC) Sheridan Correctional Center, offering one of the largest prison-based therapeutic community programs for substance abusing offenders in the U.S. More than 1,100 of 2,500 offenders admitted have successfully completed the incarceration requirements since the program was launched by Gov. Rod Blagojevich in January 2004.

ICJIA

Rod R. Blagojevich, Governor
Sheldon Sorosky, Chairman
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Program Evaluation Summaries are derived from program evaluations funded or conducted by the Authority. The full evaluation reports are available from the Authority.

For more information about this or other publications from the Authority, please contact the Authority's Criminal Justice Information Clearinghouse or visit our website.

Printed by authority of the State of Illinois, May 2006.

Ongoing evaluation of the Sheridan Correctional Center's Therapeutic Community program is conducted jointly by Authority and IDOC staff. This Program Evaluation Summary updates an October 2004 evaluation report on the program and includes an overview of the population served, analyses of graduation and removal rates, and an assessment of the post-release success of program graduates in terms of re-arrest, return to prison, and employment.

Overview

Between Jan. 2, 2004 and Dec. 31, 2005, 2,588 inmates sentenced to prison in Illinois met the eligibility requirements for admission to the Sheridan Correctional Center Therapeutic Community. The program serves adult male inmates who are identified as having a substance abuse problem, are projected to serve between six and 24 months, have no serious mental health issues, and are not serving a sentence for murder or criminal sexual assault. The components of the program include: orientation; individual and group substance abuse counseling and treatment; educational and vocational programming; and intensive post-release supervision, clinical case management, and job placement assistance.

A number of outside organizations provide services to Sheridan program participants. The Gateway Foundation provides drug treatment. The Safer Foundation offers employability training and post-release job referrals and placement. Treatment Alternatives for Safe Communities-TASC handles pre-Sheridan screening, post-release treatment referrals, and clinical case management. Illinois Valley Community College, the Illinois Manufacturing Foundation, and the National Homebuilders Association provide vocational programming.

Inmate characteristics

Sheridan inmate characteristics are similar to those of all adult male inmates admitted to IDOC (Table 1). Sheridan participants averaged 31.5 years of age. About 65 percent were African American. Most participants were unmarried, but 66 percent had children.

Most participants were convicted of drug law violations or property crimes, such as theft and burglary. About 13 percent were serving a sentence for a violent crime, primarily robbery and assault/battery. On average, Sheridan participants had 17 previous arrests and were sentenced to prison 1.6 times prior to participation. Fifty-nine percent of those admitted had never held a job for more than two years, and 57 percent had not completed high school or earned a GED before sentencing.

In terms of the extent and nature of the participants' substance abuse problem, 32 percent were identified as primarily abusing heroin and cocaine, 24 percent were identified as primarily abusing marijuana, and 21 percent were identified as primarily abusing alcohol. On average, participants had been using their primary substance of abuse for 11 years. Further, 47 percent of those at Sheridan had never previously participated in substance abuse treatment despite their extensive substance abuse histories and frequent processing through the justice system.

A majority of Sheridan admissions during the first two years of operation were sentenced to IDOC from Cook County and the surrounding Collar counties: Lake, McHenry, Kane, DuPage, and Will. Due to the time and additional staff needed to implement the recruitment and screening process at all IDOC Reception and Classification (R&C) centers, Stateville R&C admissions have been the focus of Sheridan recruitment. Since the program's inception, only 17 percent of all Sheridan admissions were from outside of the northern region of Illinois. Graham and Menard R&C centers have recently fully implemented recruitment and screening processes for substance abuse treatment and identification of Sheridan-eligible inmates. This may help boost admissions from central and southern Illinois.

Program progression

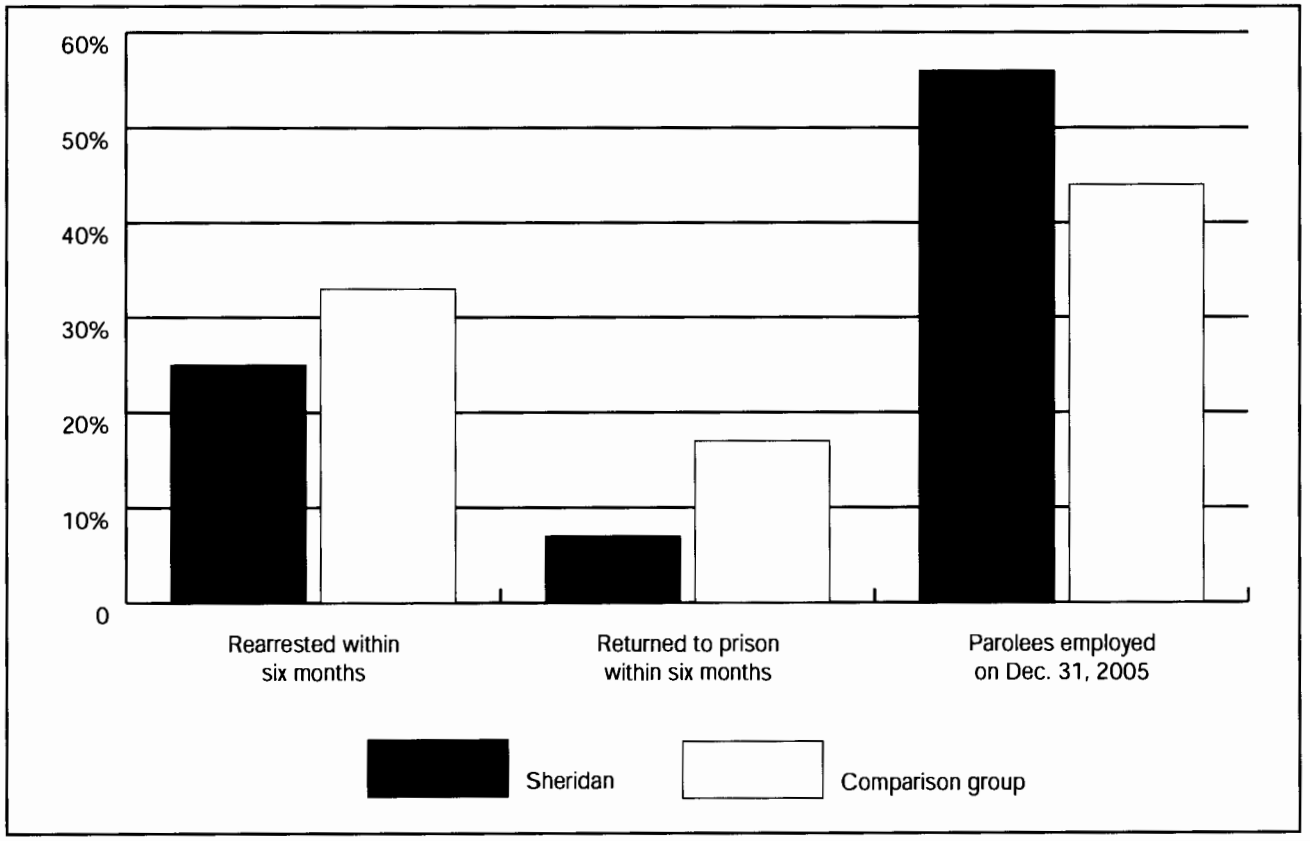
Once an inmate is admitted to Sheridan, he is required to complete one month of orientation about the program and the therapeutic community philosophy. The inmate then enters the treatment phase, during which he undergoes group treatment and individual therapy while participating in various educational and vocational programs.

Table 1
Characteristics of Sheridan admissions
2004-2005

Offender characteristic	Percentage
Age	
Under 21	11.2%
21-30	39.4%
31-40	30.5%
41 and older	18.9%
Race	
African American	64.6%
White	26.9%
Hispanic	8.3%
Other	0.2%
Offense class	
Class X felony conviction	4.1%
Class 1 to 2 felony conviction	58%
Class 3 to 4 felony conviction	37.9%
Offense committed	
Drug law violation	41.8%
Property crime	31.4%
Violent offense	13.4%
Weapon offense	6.4%
DUI	3.4%
Other offenses	3.6%
Prior prison sentences	
None	37%
1 to 2	38.7%
3 or more	24.3%

Participants reside at the Sheridan Correctional Center. If an inmate refuses to participate at any point in the program or violates IDOC or treatment rules, he can be reprimanded, denied good conduct credits, receive an unfavor-

Figure 1
Post-release recidivism and employment rates



able security grade (which limits privileges), or placed in segregation, removed from the program, and transferred to another facility. Thus, one way to gauge program progress and completion is to examine the number of graduates relative to the number of removals.

The program saw 1,166 graduates and 367 removals during the first two years of operation. Inmate characteristics associated with program success included age, sentence length, histories of violence, prior prison stays and eligibility for earned good conduct credit (EGCC).

Older participants were more likely to succeed, as were participants with less extensive arrest histories involving violent crime. Participants with three or more prior arrests for violent crimes were more than twice as likely to be removed for rule violations than were participants with no prior arrests for violent crimes.

Sentence length was inversely related to successful program outcome. The more time participants were sentenced to serve in prison, the less likely they were to successfully complete the prison phase of the treatment program. Also found was that participants who had been in prison two or more times prior to their Sheridan sentence were 50 percent less likely to be removed for rule violations than those in prison for the first time.

Finally, the examination of factors associated with program completion versus removal revealed that participants who were eligible for earned good conduct credit in addition to traditional day-for-day good conduct credit were more likely to succeed. Nearly 60 percent of those released from Sheridan through December 2005 were eligible for EGCC, which allows for an additional half-day off of their sentence for each day they participate in treatment. Ineligible for EGCC are inmates convicted of crimes subject to truth-in-sentencing laws, those who were incarcerated with IDOC more than twice before, and those who previously received EGCC. Sheridan participants who were ineligible for EGCC were four times more likely to be removed from the program.

Many newly admitted Sheridan inmates interviewed said EGCC was a motivating factor behind program participation. It also appears that the availability of EGCC may translate into a potential area of cost savings. More than 35,700

days of EGCC were awarded to Sheridan graduates during the first two years of operation. This translates to 97 years of reduced prison time among the 1,166 released inmates. Given the annual cost of incarceration per year per inmate of $21,622, 97 years translates to almost $2.1 million in incarceration cost savings.

Post-prison recidivism and employment

To gauge the impact the Sheridan program has on subsequent criminal activity and post-prison employment, the evaluation tracked all 721 Sheridan graduates who completed the program through June 2005. A randomly selected group of 1,412 inmates with similar characteristics released from other Illinois prisons during the same time period also were tracked for comparison.

The three specific outcomes examined in this year's evaluation included re-arrest for a new crime, re-imprisonment for a new crime or a parole violation, and post-release employment. These outcomes were examined through December 2005, which allowed for a post-release follow-up period averaging about 11 months.

The evaluation found that those released from Sheridan had a 21 percent lower risk of re-arrest for a new crime relative to the comparison group. At six months following release, 33 percent of those in the comparison group had been re-arrested, compared to 25 percent of those released from Sheridan. Inmates in the program for nine months had a 33 percent lower risk of being rearrested than the comparison group.

An even larger effect was found when prison returns were examined. Inmates released from Sheridan had a 44 percent lower risk of returning to prison than the comparison group. Six months after release, 17 percent of those in the comparison group had been re-incarcerated, compared to 7 percent of those released from Sheridan. Inmates who were exposed to nine or more months of the Sheridan program had a 49 percent lower risk of re-incarceration.

Finally, those released from Sheridan also appeared to have more success in obtaining and maintaining employment. Providing inmates with the skills, knowledge, vocational training, and experience needed to effectively seek employment is part of the institution-based Sheridan program. Participants receive job search assistance upon release.

Of participants released from Sheridan and on parole, 56 percent were employed as of Dec. 31, 2005, while 44 percent were employed among the comparison group. Even more substantial gains were seen in employment among Sheridan releasees who returned to Cook County. Sheridan participants had an employment rate of 48 percent, while the comparison group released to Cook County showed a 33 percent employment rate.

Conclusions

Evaluation of the implementation and impact of the Sheridan Correctional Center Therapeutic Community in its second year confirms that the program is serving a population of inmates who have extensive histories of substance abuse and involvement in the criminal justice system. The evaluation also provides empirical evidence that the program is providing services that reduce the risk of subsequent re-arrest and re-imprisonment. While it may be premature to assess the long-term financial benefits of the Sheridan program, in aggregate, the positive improvements in recidivism and employment coupled with sentence reductions due to earned good conduct credit suggest that the potential exists for significant cost savings.

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Illinois Criminal Justice Information Authority

The October 2004 Program Evaluation Summary, "***Impetus and implementation of the Sheridan Correctional Center Therapeutic Community,***" is available on the Authority website at hwww.icjia.state.il.us/public/pdf/ProgEvalSummary/sheridancorrections.pdf.

This evaluation was supported by grant #01-DB-BX-0017 awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view in this document do not necessarily represent the official position or policies of the U.S. Department of Justice.

The Second Biennial Report on the Performance of the Texas Department of Criminal Justice Rehabilitation Tier Programs

Criminal Justice Policy Council
February 2003

Tony Fabelo, Ph.D.
Executive Director

The Second Biennial Report on the Performance of the Texas Department of Criminal Justice Rehabilitation Tier Programs

To view or download this report, visit our web site at
www.cjpc.state.tx.us

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Researched and Written By:

Michael Eisenberg

Note from the Director

The 75th Texas Legislature in 1997 directed the Texas Department of Criminal Justice (TDCJ) to designate specific correctional facilities for the primary purpose of providing intensive rehabilitation programs. These facilities are known as the "tier of rehabilitation facilities" and include 19 units with a capacity of 7,526 beds serving over 9,500 offenders in 2002. Expenditures for tier programs totaled $43 million for fiscal year 2002. The Criminal Justice Policy Council (CJPC) was directed by the legislature to measure the success of these programs in reducing recidivism. The CJPC issued a report for the 77th Texas Legislature in January 2001 titled *"Evaluation of the Performance of the Texas Department of Criminal Justice Rehabilitation Tier Program"*, reporting on the initial outcome evaluation of participants in rehabilitation tier programs. This is the second CJPC report monitoring the outcome results of participants in rehabilitation tier programs.

The oldest intensive substance abuse treatment programs in the Texas correctional system are the In-Prison Therapeutic Community (IPTC) for prisoners and the Substance Abuse Felony Punishment program (SAFP) for probationers. Both programs became operational in 1992. The IPTC has an 800-bed capacity and admitted 1,076 offenders into the program in FY 2002. The SAFP has a 4,500 bed capacity (500 beds are reserved for parolees) and admitted 5,849 offenders into the program in FY 2002. The CJPC has been tracking the success of these programs since they started and has issued prior evaluation reports. For this evaluation, the two-year recidivism rate for 1,600 offenders released from the IPTC and 7,869 released from the SAFP program in fiscal years 1999 and 2000 was calculated and compared to equivalent offenders who did not participate in the programs.

The evaluations have shown that both IPTC and SAFP programs reduce recidivism rates among program completers but, over time, IPTC recidivism rates for all participants have improved while SAFP rates have not. The offenders who participated in the IPTC program and were released in 1994 had a recidivism rate of 25%. This rate declined to 16% for the 1997-1998 releasees. The rate declined further for the 1999-2000 group to 12.1%. The comparison group rate declined from 26% to 21% from the 1994 to 1997-1998 groups. The rate for the 1999-2000 comparison group is 22.9%.

In contrast, the two-year recidivism rate of offenders who participated in the SAFP program has stayed about the same during this period, 32% for the 1994 group, 31% for the 1997-1998 group and 31.7% for the 1999-2000 group. The recidivism rate for the 1999-2000 comparison group is 29.9%. The 44% of SAFP offenders who completed the full two years of the program in the latest group tracked had a 5% two-year recidivism rate. In other words, if offenders are able to complete all the program components they benefit substantially from the program, however the majority of participants (56%) do not complete all program components.

The IPTC has been positively impacted by the work of the Parole Board and TDCJ improving offender selection. The increased use of parole intermediate sanction facilities has also reduced the number of IPTC offenders re-incarcerated for technical violations (violation

that did not involve a conviction for a new offense). The SAFP program has been negatively impacted by the large number of offenders revoked for technical violations and the lack of treatment responses to relapse in some localities. Yet, the use of the SAFP program as a diversion from prison makes the program cost-effective as offenders are sentenced to nine months in SAFPs in lieu of longer prison terms. The CJPC estimates that for every 100 offenders placed in the SAFP program the state avoids $770,000 in incarceration costs.

Two other substance abuse treatment programs are part of the tier of rehabilitation. The Pre-Release Therapeutic Community (PRTC) for prisoners has a 600-bed capacity and admitted 814 offenders into the program in FY 2002. The Le Blanc Pre-Release Substance Abuse Program (PRSAP) for prisoners has a 1,000 bed capacity and admitted 1,352 offenders in FY 2002. The PRSAP program became operational in 1996 and the PRTC in 1997. For this evaluation, the two-year recidivism rate for 2,267 offenders released from the PRSAP and 1,568 released from the PRTC in fiscal years 1999 and 2000 was calculated and compared to equivalent offenders who did not participate in the programs.

The PRTC program had a limited impact on the recidivism rates of participants while the PRSAP program had a positive impact on the recidivism of participants. The recidivism rate for the PRTC program was about the same for participants and the comparison group (23.4% for participants of PRTC vs. 21.9% for the comparison group). The recidivism rate for PRSAP participants was 21% compared to 29% for the comparison group. Staffing shortages and multiple program goals may have negatively impacted the PRTC program. The PRSAP program was particularly successful with high risk offenders. Offenders classified as having a high risk of recidivating who participated in the PRSAP had a 39% recidivism rate in comparison to high risk offenders in the comparison group who had a 48% recidivism rate.

The Sex Offender Treatment Program (SOTP) for prisoners was also designated as part of the tier of rehabilitation programs. This program became operational in 1996. The 18 month program has a 426 bed capacity and admitted 299 offenders into treatment in FY 2002. For this evaluation, the two-year recidivism rate for 336 offenders released from the program in fiscal years 1999 and 2000 was calculated and compared to equivalent offenders who did not participate in the programs.

The SOTP program positively impacted the recidivism rate of those who participated in the program. Because of intensive supervision and strict registration and community notification rules, sex offenders have high rates of recidivism for technical violations of supervision when compared to other releasees. Yet, those who participated in the program had a 19% two-year recidivism rate compared to 28% for the comparison group who did not participate.

Finally, the InnerChange Freedom Initiative (IFI) for prisoners was also designated as part of the rehabilitation tier. This is an 18-month program which uses biblical principles to assist offenders in making good moral decisions and to apply biblical values to life situations.

Note from the Director

Offenders volunteer for this program funded by Prison Fellowship Ministries. The program has a 200 bed capacity and admitted 153 offenders in fiscal year 2002. This is the first outcome evaluation for the IFI program. The recidivism rate for 177 offenders released from the program in fiscal years 1999 and 2000 was calculated and compared to equivalent offenders who did not participate in the programs. The two-year recidivism rate for IFI participants was 24.3% compared to 22.3% for the comparison group. A more detailed report titled *"Initial Process and Outcome Evaluation of the InnerChange Freedom Initiative: The Faith-Based Prison Rehabilitation Program in TDCJ"* has been published in February 2003 and is available at the agency's website.

Four-year recidivism rates for the IPTC, SAFP, and SOTP tier programs were calculated for the 1997-1998 groups. In general, the programs continue to show positive effects in reducing recidivism but differences in rates have diminished over time.

Certain program components appear to be associated with positive recidivism outcomes for rehabilitation tier programs. These components include uniform selection criteria, program stability, intensity of program, aftercare, and a system of graduated sanctions. Recommendations are made to continue improving program performance. Critical areas to improve deal with offender selection processes, staffing patterns, improvements in post-release treatment and relapse options, and alternatives to revocation for technical violations through a system of graduated sanctions. The use of re-entry drug courts for substance abusing offenders should be examined.

Tony Fabelo, Ph.D.
Executive Director

Acknowledgements

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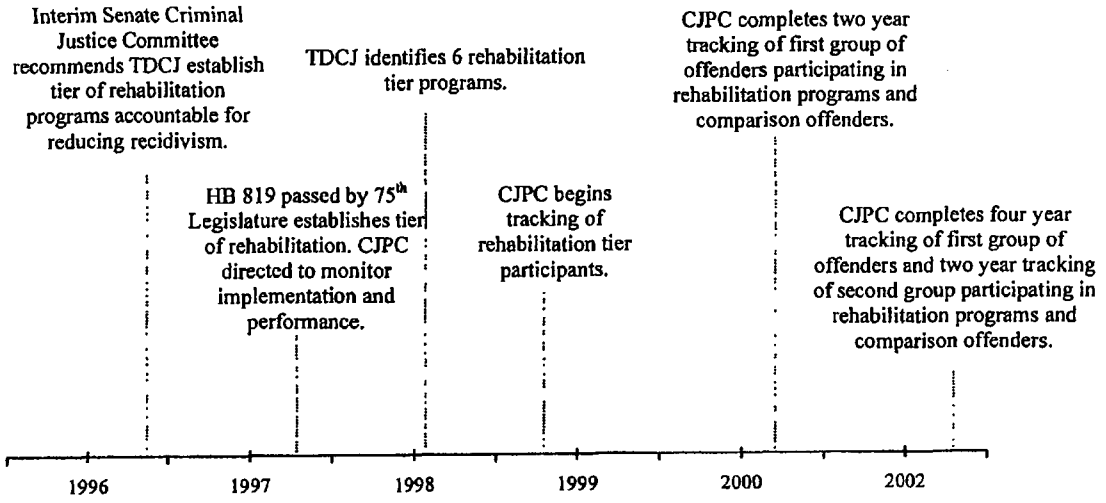
I. Overview of the Tier of Rehabilitation Programs

Legislature Required TDCJ to Establish Tier of Rehabilitation Programs Accountable for Reducing Recidivism



- In 1996 the Senate Interim Committee on Criminal Justice recommended that the Texas Department of Criminal Justice (TDCJ) develop a tier of rehabilitation programs designed to integrate treatment services to rehabilitate offenders and be accountable for reducing recidivism.
  - ✓ Many of TDCJ's programs had not been delivered through an integrated delivery system designed to holistically address the treatment needs of offenders.
  - ✓ The Criminal Justice Policy Council (CJPC) recommended to the legislature that programs in the rehabilitation tier be evaluated based on their effectiveness in reducing recidivism in a cost-effective manner.
  - ✓ Future funding decisions for these programs would be based on their performance in achieving cost-effective reductions in recidivism.

- These recommendations were adopted into policy by the 75th Legislature in 1997 in House Bill 819 which amended Chapter 493 of the Government Code:

  "An act relating to reducing the recidivism rate for individuals under the supervision of the Texas Department of Criminal Justice.... The board (TDCJ Board) shall determine which programs and services operating under the authority of the department are designed for the primary purpose of rehabilitating inmates and shall designate those programs and services as programs and services provided under the programs and services division."

Legislature Directed the CJPC to Evaluate the Effectiveness of Tier of Rehabilitation Programs

- The CJPC was directed by amendments to Chapter 413 of the Government Code to report on the success of rehabilitation tier programs to the 77th Legislature in January 2001:

  "The policy council shall develop methods for measuring the success of each program or service determined by the Texas Board of Criminal Justice under Section 493.0052 to be designed for the primary purpose of rehabilitating inmates.... Not later than January 1 of each odd-numbered year, the policy council shall submit as part of the biennial plan required by Section 413.015 specific findings as to the success of each program or service described by Subsection (a) in reducing recidivism of inmates and accomplishing other performance objectives of the programs and services administered by the Texas Department of Criminal Justice programs and services division."

- TDCJ identified six programs as rehabilitation tier programs to be held accountable for reducing recidivism:
  - ✓ In-Prison Therapeutic Community (IPTC) Program
  - ✓ Substance Abuse Felony Punishment (SAFP) Program
  - ✓ Pre-Release Substance Abuse Program (PRSAP)
  - ✓ Pre-Release Therapeutic Community (PRTC) Program
  - ✓ Sex Offender Treatment Program (SOTP)
  - ✓ InnerChange Freedom Initiative (IFI)

- The CJPC, at the direction of the legislature, had conducted evaluations of the IPTC and SAFP programs prior to their inclusion in the tier.

- The CJPC issued a report for the 77th Texas Legislature in January 2001 entitled *"Evaluation of the Performance of the Texas Department of Criminal Justice Rehabilitation Tier Programs"*, reporting on the initial outcome evaluation of participants in rehabilitation tier programs.
  - ✓ This is the second CJPC report monitoring the outcome results of participants in rehabilitation tier programs.

Descriptive Profiles of Rehabilitation Tier Programs

- **In-Prison Therapeutic Community (IPTC):**
  - ✓ **Target Population:** Offenders with serious substance abuse problems who are within 12 to 14 months of release from prison and who have received a parole vote linking program completion to parole release.
  - ✓ **Program Approach:** The IPTC is a 9 to 12 month in-prison intensive treatment program for substance abusing offenders in TDCJ-ID, which utilizes a therapeutic community approach. Offenders' parole release is tied to completion of the in-prison phase of the program.
  - ✓ **Comments:** Offenders completing the in-prison program participate in a 3-month post-release residential treatment facility program followed by 3 to 9 months of outpatient counseling.

- **Substance Abuse Felony Punishment (SAFP):**
  - ✓ **Target Population:** Offenders under community supervision with substance abuse problems who have been required to participate in the SAFP program as an original condition or a modification of probation conditions.
  - ✓ **Program Approach:** The SAFP program, like the IPTC program, is a 9 to 12 month intensive treatment program in a secure facility followed by 3 months in a residential treatment facility and 3 to 9 months of outpatient counseling.
  - ✓ **Comments:** Participation in the SAFP program is a condition of probation supervision. The program is not voluntary and failure to participate is a violation of supervision subject to revocation.

- **Pre-Release Substance Abuse Treatment Program (PRSAP):**
  - ✓ **Target Population:** Offenders with substance abuse problems who are within 6 months of release from prison. The majority of offenders selected are scheduled for mandatory release, with some offenders discharging their sentence or approved for parole. Participation is not voluntary.
  - ✓ **Program Approach:** PRSAP is a three-phase 4 to 6 month substance abuse treatment program using a modified therapeutic community approach. Offenders receive group and individual counseling, anger management, life skills training, and drug and alcohol education.
  - ✓ **Comments:** A continuum of care form is used to recommend post-release services to the offender's parole officer.

Descriptive Profiles of Rehabilitation Tier Programs

- **Pre-Release Therapeutic Community (PRTC):**
  - ✓ **Target Population:** Primarily mandatory release offenders (parole and discharge cases meeting criteria are also included) with substance abuse problems and/or educational/vocational needs who are within 6 months of release from prison and have a release plan to the Dallas area. Participation is not voluntary.
  - ✓ **Program Approach:** Program offers substance abuse treatment, vocational, and educational programs coupled with a life skills training program delivered in a modified therapeutic community.
  - ✓ **Comments:** The program is located at the Beto I unit due to the extensive number of vocational programs available and the units proximity to Dallas. Enhanced post-release services are available to offenders at the Dallas District Reporting Center.

- **Sex Offender Treatment Program (SOTP):**
  - ✓ **Target Population:** Sex offenders who are within two years of release from prison.
  - ✓ **Program Approach:** Three phase program consisting of programming to overcome offense denial and accept responsibility for behavior, intensive group and individual counseling, victim empathy, reintegration and relapse prevention counseling. A complete psychological evaluation is conducted on each offender entering the program.
  - ✓ **Comments:** The program is located at the Goree and Hightower units and has expanded capacity to provide treatment to additional sex offenders. An additional unit has also been added at Hilltop to provide treatment to female sex offenders.

- **InnerChange Freedom Initiative (IFI):**
  - ✓ **Target Population:** Prison offenders within 18 to 30 months of release who volunteer for the program. Mandatory supervision cases are the most likely program candidates as they have a release date established that falls within program parameters.
  - ✓ **Program Approach:** The program uses biblical principals to assist offenders in making good moral decisions and applying biblical values to life situations. The program, located at the Vance Unit, provides cognitive skills training, education, vocational training, community service, and volunteer mentoring relationships.
  - ✓ **Comments:** This program is a joint project of TDCJ and Prison Fellowship Ministries (PFM). Program operations are funded by Prison Fellowship Ministries.

All Rehabilitation Tier Programs Were Operational in 1997

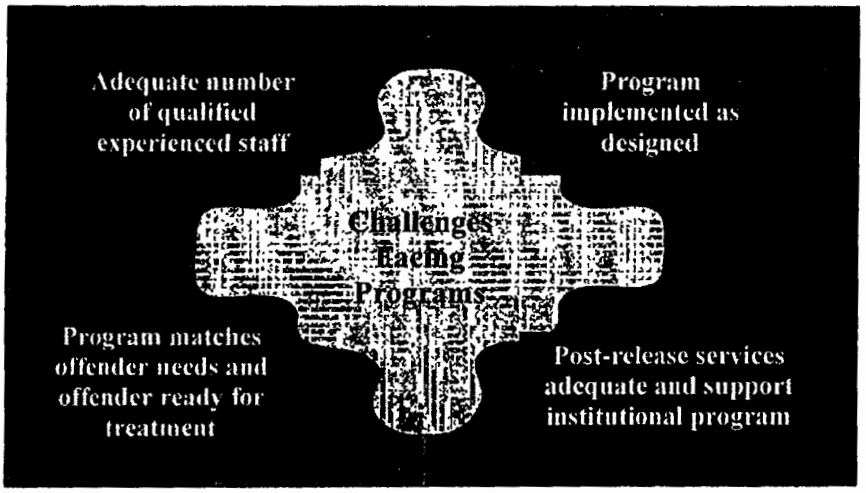
Rehabilitation Tier Programs, FY 2002

Program (# of Units)	Month/Year Started	Capacity FY 2002	Admissions, FY 2002	Expended in Millions, FY 2002
IPTC (9)	6/92	800	1,076	$5.7
SAFP (7)	10/92	4,500	5,849	$32.3
PRTC (1)	2/97	600	814	$1.0
PRSAP (1)	2/96	1,000	1,352	$1.5
SOTP (2)	1/96	426	299	$1.8
InnerChange (1)	2/97	200	153	$.73*
Totals (19 units)		**7,526**	**9,543**	**$43.03**

* The InnerChange Freedom Initiative is funded by Prison Fellowship Ministries

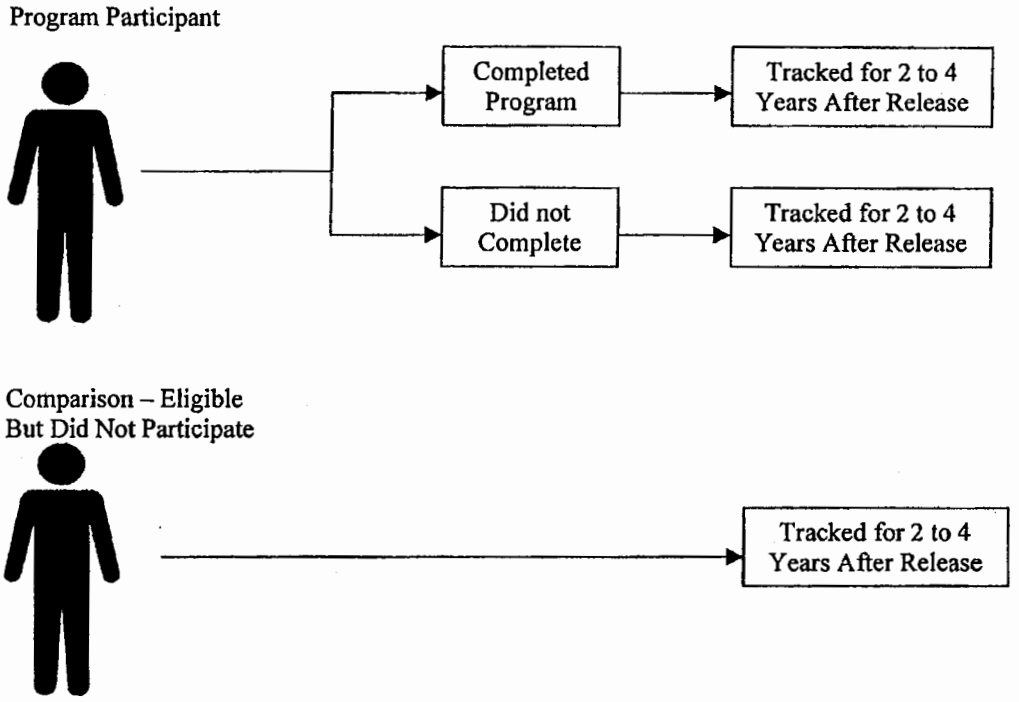
- The Texas Legislature created the IPTC and SAFP programs in 1991. The creation of the SOTP program was mandated by the Legislature in 1995. The SOTP program uses some funds for diagnostic and evaluation procedures required for the state Civil Commitment program.
- The PRSAP program was originally designated as a SAFP facility but was converted to a drug treatment facility for TDCJ-ID inmates with moderate substance abuse problems when the SAFP program was limited to 4,500 beds.
- The PRTC program was the first program designed in response to the legislative requirement establishing a rehabilitation tier.
- The InnerChange program was initiated by Prison Fellowship Ministries (PFM) in cooperation with TDCJ. TDCJ provides 200 beds and security for the program at the Vance Unit and PFM operates the program and provides funding for the IFI program.

Rehabilitation Tier Programs Faced Implementation Challenges That May Negatively Impact Outcomes



- Providing rehabilitation programs in prison requires addressing a complex number of factors and issues which must be coordinated for effective program delivery. Each tier program has experienced one or more of these implementation issues. These issues include:
  - ✓ Identifying offenders ready, motivated, and capable of receiving the treatment offered or selecting offenders who will be likely to overcome denial of need for treatment while in program. Selection of appropriate offenders for treatment is a challenge faced by programs.
  - ✓ Programs must be able to attract and retain a sufficient number of qualified staff experienced in working with offenders. Staff shortages have been a problem.
  - ✓ Program design should be supported by research indicating effectiveness in reducing recidivism and the program is implemented as designed.
  - ✓ Program should match offender's needs and be appropriate for offender's skills and abilities.
  - ✓ Length and intensity of program is sufficient to achieve program goals.
  - ✓ Adequate and appropriate space is available to meet program needs.
  - ✓ Offenders in the facility not participating in the program will not undermine program efforts.
  - ✓ Security staff support program efforts and program does not conflict with security mission.
  - ✓ Post-release treatment services are available to provide a continuity of treatment when the offender is released and post-release services are consistent with institutional programming received and do not duplicate or contradict services already received.

CJPC Identified Treatment and Comparison Groups for Evaluation Tracking



- Offenders entering rehabilitation tier programs in FY 1998-1999 and released from TDCJ-ID in FY 1999-2000 were identified as participants in tier programs and tracked for two years after release from prison to determine post-release recidivism.
  - ✓ All recidivism rates in this report refer to the percentage of offenders arrested or incarcerated in prison or state jail within two years of their release from prison.
- Comparison groups were identified for each rehabilitation tier program and were tracked for two years after release from prison. Comparison group offenders were released from TDCJ-ID in FY 1999-2000.
- Comparison group offenders were identified based on selection criteria detailed in the TDCJ Individualized Treatment Plan (ITP) manual.
  - ✓ The ITP manual specifies selection criteria for each TDCJ treatment program. Offenders meeting criteria for each program, who did not participate in any rehabilitation tier program, were identified and selected for comparison groups.

Size of Tier Treatment Groups and Comparison Groups Tracked for Two Years after Release

Program	Size of Groups Tracked	
	Treatment Group	Comparison Group
IPTC	1,600	1,995
SAFP	7,869	1,554
PRSAP	2,267	2,855
SOTP	336	2,181
PRTC	1,568	2,118
InnerChange	177	1,754

- The Criminal Justice Policy Council (CJPC) identified offenders released from the Texas Department of Criminal Justice (TDCJ) in FY 1999 and FY 2000 utilizing computerized files prepared by TDCJ.
  - ✓ Profiles of the rehabilitation tier participants and comparison group offenders are provided in the Appendix of this report.

- Rehabilitation tier participants who participated and were released from prison in FY 1999-2000 were identified by accessing databases maintained by each rehabilitation tier program.
  - ✓ Data extracted from these databases included program entry and exit dates as well as program termination type.
  - ✓ Demographic, offense, and other data available from the TDCJ release files were matched with program participation data.

- Only rehabilitation tier participants who had an opportunity to complete a program were selected for the evaluation.
  - ✓ Because the SOTP and InnerChange programs are approximately 18 months in length, no offender entering the program after March 1999 was included in the treatment group. Participants entering these programs after March 1999 would not have had the opportunity to complete the program.
  - ✓ Similar cut-offs were utilized for the other programs based on program length.

Completion Rates Vary by Program

Program	Percent Completing Program	Program Length	Aftercare
IPTC*	63% (1,008/1,600)	15-24 months	Yes
SAFP*	44% (3,463/7,869)	15-24 months	Yes
PRSAP	85% (1,927/2,267)	6 months	No
PRTC	61% (956/1,568)	6 months	No
SOTP	25% (84/336)	18 months	Yes
IFI	42% (75/177)	22-24 months	Yes

* Completion rates estimated by survey of sample of offender's supervising officer and results extrapolated to full study group.

- In general, offenders who complete rehabilitation programs have lower recidivism rates than offenders who do not complete. Each of the rehabilitation tier programs track program completion rates. The IPTC and SAFP programs track in-prison completion rates but do not track post-release completion rates. The CJPC conducted a survey of IPTC and SAFP clients to determine post-release program completion rates. Supervising parole and probation officers completed surveys.

- In general, the longer and/or the more intense the program, the greater the probability of failing to complete the program.
  - ✓ The IPTC and SAFP programs require 9 to 12 months in prison, 3 months post-release residential treatment, and 3 to 9 months post-release outpatient counseling.
  - ✓ Variation in supervising authority for SAFP clients and lack of a statewide system of sanctions for probationers may contribute to low completion rates for the SAFP program in comparison to the IPTC program.
  - ✓ SAFP clients are under the authority of almost 400 different judges while IPTC clients are under the authority of the 18 member Board of Pardons and Paroles.

- The SOTP and IFI programs are 18-month in-prison programs with a minimum of 6 months of aftercare required for IFI members.
  - ✓ Sex offenders (including SOTP participants) who are paroled or released to mandatory supervision are placed on specialized caseloads and required to participate in treatment. Approximately 45% of SOTP participants are discharged from prison by serving their entire sentence. There is no legal authority over discharged cases for supervision or to require continued treatment.

II. Results

Outcome Measures Examine Percent Arrested and Percent Re-incarcerated in the Two Years after Release from Prison

Rehabilitation Tier Group	Percent Arrested	Percent Incarcerated
Completed	%	%
Did not Complete	%	%
All Participants	%	%
Comparison Group	%	%

- This study of rehabilitation tier programs examines the outcome of participants who entered programs in FY 1998 and FY 1999 and were released from prison in FY 1999 and FY 2000.
  - ✓ Results are reported for offenders who completed all components of the program, offenders that did not complete the program, all offenders who participated in the program and the comparison group.
  - ✓ Change in the rate of recidivism is calculated by taking the difference in the rate of the participant group and comparison group and dividing by the comparison group rate.
    - For example, if the participant arrest rate was 20% and the comparison group arrest rate was 30%, the participant arrest rate would be reported as 33% lower than the comparison group (20%-30% / 30%).
- Two outcome measures are used in this report. Each outcome measure is based on tracking results for a two-year period following release from prison.
  - ✓ **Percent Arrested:** The percent of offenders arrested in the two-year tracking period. Arrest information is obtained from the computerized criminal history (CCH) file maintained by the Texas Department of Public Safety (DPS).
    - When an offender is arrested local law enforcement agencies notify DPS, which enters the arrest offense and date of arrest into the DPS CCH system.
    - The CJPC requests a DPS CCH on each offender in the study and extracts any arrests occurring during the follow-up period.
  - ✓ **Percent Re-incarcerated:** The percent of offenders re-incarcerated in the Texas Department of Criminal Justice-Institutional or State Jail Divisions during the two year tracking period.
    - The CJPC examines computerized TDCJ Admission and On-Hand population files and determines if any offender in the study has been re-incarcerated in TDCJ-Institutional Division or State Jail Division during the two-year follow-up period. The TDCJ-Parole tracking system, which indicates revocation of supervision provides another source of re-incarceration data.
    - This information is supplemented by DPS CCH Custody data.

In-Prison Therapeutic Community Results

IPTC Group	Percent Arrested	Percent Re-incarcerated
Completed	13.8%	5.0%
Did not Complete	38.5%	24.3%
All Participants	22.9%	12.1%
Comparison Group	38.3%	22.5%

- IPTC participants arrest rates were 40% lower than the comparison group. Re-incarceration rates were 46% lower.
  - ✓ Arrest rates for IPTC participants completing all phases of the program were 64% lower than the comparison group. Re-incarceration rates were 78% lower.

- IPTC recidivism rates have improved over time. The first evaluation group, in 1993, had a 37% re-incarceration rate compared to 38% for the comparison group. The 1994 group was 25% versus 26% for the comparison group.
  - ✓ The 1997-1998 IPTC group had a 16% re-incarceration recidivism rate versus 21% for the comparison group.

- The IPTC program has benefited from stability of program operations, a graduated system of sanctions for supervision violations, and a policy oriented toward treatment for relapse rather than revocation for initial violations.
  - ✓ The male IPTC facility has been operated by the same vendor since program inception in 1992. The stability, consistency, and experience of the treatment provider may contribute to program effectiveness.

Substance Abuse Felony Punishment Results

SAFP Group	Percent Arrested	Percent Re-incarcerated
Completed	18.5%	5.0%
Did not Complete	39.2%	52.6%
All Participants	30.1%	31.7%
Comparison Group	40.3%	29.9%

- While arrest rates for SAFP participants were 25% lower than the comparison group, re-incarceration rates were 6% higher.
  - ✓ Arrest rates for SAFP offenders completing the program were 54% lower than the comparison group and re-incarceration rates were 83% lower.

- SAFP recidivism rates have not improved over time. The first evaluation group in 1993 had a 23% re-incarceration rate compared to 27% for the comparison group. The 1994 group was 32% versus 27% for the comparison group.
  - ✓ The 1997-1998 SAFP group had a 31% re-incarceration recidivism rate versus 32% for the comparison group.

- SAFP recidivism rates are negatively impacted by a high percentage of technical violations and limited use of intermediate sanctions.
  - ✓ Approximately 55.0% of SAFP recidivists were revoked for technical violations of supervision versus 37.9% of comparison group revocations. Only 27.3% of IPTC re-incarcerations were the result of a revocation for technical violations.
  - ✓ Approximately 10% of SAFP participants were placed in an Intermediate Sanction Facility (ISF) or SAFP relapse facility. Approximately 25% of IPTC participants were placed in an ISF or SAFP relapse facility.

Pre-Release Therapeutic Community Results

PRTC Group	Percent Arrested	Percent Re-incarcerated
Completed	37.1%	19.9%
Did not Complete	45.4%	28.9%
All Participants	40.3%	23.4%
Comparison Group	38.4%	21.9%

- Participation in the PRTC program did not lower recidivism rates. PRTC participants arrest rates were 5% higher than the comparison group. Re-incarceration rates increased by 6%.
  - ✓ Arrest rates for PRTC participants completing all phases of the program were 3% lower than the comparison group. Re-incarceration rates were 9% lower.

- Outcomes for the PRTC program may have been negatively impacted by a number of factors:
  - ✓ Length of Program and Intensity of Service: The PRTC program is an effort to address the multiple needs of offenders. The program includes educational, vocational, employment, substance abuse, and cognitive intervention programming.
    - While all participants do not participate in all program aspects, many participants have multiple needs. The program length of six months may be inadequate to address participants' needs. In addition, the lack of a fully supported post-release aftercare component may make it difficult to achieve program goals.
  - ✓ Staffing: The PRTC program has had difficulty maintaining full staffing levels. The programs rural location may make it difficult to attract and maintain staff that matches the program needs of offenders placed there.
  - ✓ The PRTC program is a 600-bed program located within a large 3,100 bed prison. The mixing of PRTC participants and general population offenders may reduce program effectiveness.

Pre-Release Substance Abuse Program Results

PRSAP Group	Percent Arrested	Percent Re-incarcerated
Completed	35.0%	21.0%
Did not Complete	36.8%	19.5%
All Participants	35.2%	21.0%
Comparison Group	40.8%	29.0%

- PRSAP participant arrest rates were 14% lower than the comparison group. Re-incarceration rates were lowered by 28%.
  - ✓ Arrest rates for PRSAP participants completing all phases of the program were 14% lower than the comparison group. Re-incarceration rates were 28% lower.

- PRSAP was most effective with high risk offenders. Approximately 39% of high risk offenders who participated in the PRSAP program were arrested in the two-year follow-up. This compares to 48% of high risk comparison group offenders, an 18.8% reduction in the rate of arrest.
  - ✓ Approximately 38% of medium risk PRSAP offenders were arrested in the two-year follow-up versus 40% of medium risk comparison group offenders, a 5% reduction.
  - ✓ Low risk PRSAP participants had a 21% arrest rates and low risk comparison group offenders had a 23% arrest rate, an 8.7% reduction.

- In contrast to the PRTC program, the PRSAP is a 1,000 bed unit where all offenders participate in the program.

Sex Offender Treatment Program Results

SOTP Group	Percent Arrested	Percent Re-incarcerated
Completed	13.1%	16.7%
Did not Complete	20.2%	19.0%
All Participants	18.5%	18.5%
Comparison Group	21.2%	27.7%

- SOTP participants arrest rates were 13% lower than the comparison group. Re-incarceration rates were lowered by 33%.
  - ✓ Arrest rates for SOTP participants completing all phases of the program were 38% lower than the comparison group. Re-incarceration rates were 39% lower.
- The table above indicates a higher percent of offenders were re-incarcerated than arrested. This is due to the fact that sex offenders are more likely to get revoked for technical violations of supervision due to intensive surveillance.
  - ✓ 71% of SOTP participants who were re-incarcerated were returned for technical violations of their supervision (no new arrest) compared to 64% of comparison group sex offenders. Conversely, 29% of SOTP re-incarcerations were for a new offense compared to 36% for the comparison group.
  - ✓ Approximately 20% of non-sex offenders returned to prison are returned for technical violations and 80% for a new offense.
- SOTP recidivism rates have improved over time. The initial evaluation of SOTP participants (FY 1997-98) had a 23% re-incarceration rate versus the 29% re-incarceration recidivism rate for the comparison group.
- These finding are mitigated by low completion rates for SOTP participants. Approximately 22% of offenders admitted to the SOTP in FY 1997-98 and 25% of the FY 1999-2000 group completed the program.
  - ✓ The program length, intensity, and difficulty in treating sex offenders contribute to the low completion rates.
  - ✓ The SOTP also has inadequate capacity to treat all eligible offenders.
    - 299 offenders were admitted to the SOTP program in FY 2002 while 3,124 offenders were potentially eligible.

InnerChange Freedom Initiative Results

IFI Group	Percent Arrested	Percent Re-incarcerated
Completed	17.3%	8.0%
Did not Complete	50.0%	36.3%
All Participants	36.2%	24.3%
Comparison Group	34.9%	22.3%

- IFI participants arrest rates were 4% higher than the comparison group. Re-incarceration rates were higher by 9%.
  - ✓ Arrest rates for IFI participants completing all phases of the program were 50% lower than the comparison group. Re-incarceration rates were 64% lower.

- These results represent outcomes of the initial evaluation group of IFI participants. A number of changes in the program have been made to improve the program.
  - ✓ Changes in selection procedures have increased the percent of offenders completing the institutional phase of the program.
  - ✓ Improvements in the aftercare phase of the program, coupled with other program improvements, may lead to improved outcomes for subsequent groups evaluated.

- For more detailed process evaluation and outcome results, see the CJPC report *"Initial Process and Outcome Evaluation of the InnerChange Freedom Initiative: The Faith-Based Prison Rehabilitation Program in TDCJ"* (forthcoming during this legislative session).

First Evaluation of Tier Programs Updated to Examine Outcomes Four Years after Release

Two-Year and Four-Year Re-incarceration Rates for Offenders Participating in Tier Programs and Released from Prison in FY 1997-1998

Groups	IPTC		SOTP		SAFP	
	2-Year	4 Year	2 Year	4 Year	2 Year	4 Year
Completers	13%	31%	24%	43%	7%	21%
Comparison	21%	40%	29%	48%	32%	45%
All Participants	16%	35%	23%	40%	31%	48%
Participants Lower (-) or Higher (+) Than Comparison	-23.8%	-12.5%	-20.6%	-16.7%	-3.1%	+6.7%
Size of Group Tracked	1,751		210		7,305	

- The first CJPC study of rehabilitation tier programs examined the outcomes of participants who entered programs in FY 1996 and FY 1997 and were released in FY 1997 and FY 1998. Outcomes were tracked for two years after release.
  - ✓ The table above reports both two-year and four-year outcomes for the groups released FY 1997-98.

- In general, tier participants continue to have lower recidivism rates than comparison groups in the four-year follow-up, although these differences have diminished over time.
  - ✓ For example, IPTC participants had a 23.8% reduction in recidivism after the two-year follow-up. After four years, the reduction in recidivism had dropped to 12.5% reduction in recidivism.

- The reduction in recidivism for all SAFP participants did not persist over the four-year follow-up.
  - ✓ While the recidivism rate for offenders completing the SAFP program was less than half of the comparison group, the overall four-year recidivism rates for all SAFP participants was higher than the comparison group.

III. Conclusions and Recommendations

Conclusions

	Program Components					Recidivism	
Program	*Uniform Selection*	*Program stability*	*Intensity*	*Aftercare*	*Graduated Sanctions*	*Completers*	*All Participants*
IPTC	√	√	√	√	√	+	+
PRTC	√	-	-	-	√	+	-
PRSAP	√	√	√	-	√	+	+
SOTP	√	√	√	√	-	+	+
IFI	√	-	√	-	√	+	-
SAFP	-	√	√	√	-	+	-

Program Characteristics
√ = Yes, meets definition
- = No, does not meet definition

Recidivism
+ = Better than comparison group
- = Worse than comparison group

- Certain program components appear to be associated with positive recidivism outcomes. The table above details the most salient program characteristics and program recidivism outcomes. The program components detailed above include:
  - ✓ *Uniform selection:* Standard methodology for identifying offenders appropriate for program.
  - ✓ *Program stability:* Treatment provider has experience operating program, low staff turnover and staff experienced in running program. Program has been in operation at least 2 years prior to selection of evaluation group.
  - ✓ *Intensity:* Program is intense enough in terms of program length and programming in relation to program goals and needs of offenders.
  - ✓ *Aftercare:* Post-release treatment resources fully developed and consistent with institutional program.
  - ✓ *Graduated sanctions:* Intermediate sanctions used systematically for violations of supervision and include relapse treatment.
- Ratings of program components in the table above are based on process evaluation analysis and are subjective assessments. Ratings apply to the program during the evaluation period and do not reflect subsequent changes in some programs.
  - ✓ The IFI program has developed a comprehensive aftercare program but some of the initial participants in the program did not benefit from the program as it functions today. Additionally, IFI is a new program and has developed program stability over time, which may be reflected in subsequent evaluation groups.
  - ✓ The PRTC and PRSAP programs have the same program length but PRTC targets multi-need offenders and tries to address several offender needs. The program length may not be sufficient to meet program goals.
- Programs that met ideal program component definitions in 4 or more areas all had positive recidivism outcomes for all program participants.
  - ✓ Programs that did not meet program characteristic definitions in at least 4 areas all had negative recidivism outcomes for all program participants.

Recommendations

TDCJ should continue efforts to improve program outcomes. These efforts should include:

- Improve selection of participants most likely to benefit from treatment.
  - ✓ TDCJ, working with consultants, identified a better substance abuse screening instrument for the IPTC and other institutional programs.
  - ✓ SAFP participants are placed in the program by local courts who do not use a uniform statewide screening instrument for determining treatment need and placement appropriateness. The SAFP program would benefit from efforts to improve selection of offenders for participation in the program.

- Programs should be evaluated to determine if time in treatment and treatment resources are adequate to achieve program goals.
  - ✓ This examination should also include an evaluation of staff experience, staff turnover, and ability to maintain program stability over time.

- Monitoring of efforts to improve SAFP/IPTC and other aftercare programming.
  - ✓ The SAFP Improvement Working Group identified a number of policies and procedures necessary to improve post-release continuum of care, which were included in the new policy and procedures manual.
  - ✓ Policies and procedures implemented to improve post-release program should be monitored to insure compliance.

- The SAFP program would benefit from a consistent statewide system of graduated responses to technical violations (violations not involving a new offense), including increased emphasis on treatment responses to relapse.
  - ✓ One method to move in this direction would be the development of SAFP re-entry drug courts. Early results from a SAFP re-entry drug court pilot project in Dallas appear positive.

Appendix

Characteristics of Treatment and Comparison Groups

Appendix

Rehabilitation Tier Samples and Comparison Groups

Characteristics of Sample	Program	Comparison Group
	IPTC (N=1,600)	IPTC Comparison (N=1,995)[1]
Gender		
Male	70%	86%
Female	30%	14%
Race		
White	34%	32%
African-American	49%	50%
Hispanic	16%	18%
Custody Type		
Minimum or better	100%	100%
Medium	0%	0%
Age Group		
<35	39%	45%
>35	61%	55%
Offense Type		
Violent	6%	0%
Property	32%	45%
Drug	57%	51%
Prior Incarcerations		
0	45%	48%
1	23%	22%
2+	32%	30%
Drug Screening		
In-Patient	86%	100%
Out-Patient	8%	0%
Release Type		
Parole	97%	100%
MS	3%	0%
Discharge	0%	0%

Appendix

Characteristics of Sample	Program	Comparison Group
	PRSAP (N=2,267)	PRSAP Comparison (N=2,855)
Gender		
Male	100%	100%
Female	0%	0%
Race		
White	33%	36%
African-American	45%	42%
Hispanic	22%	22%
Custody Type		
Minimum or better	100%	100%
Medium	0%	0%
Age Group		
<35	44%	49%
>35	56%	51%
Offense Type		
Violent	35%	18%
Property	32%	45%
Drug	24%	28%
Prior Incarcerations		
0	54%	56%
1	22%	22%
2+	23%	22%
Drug Screening		
In-Patient	80%	100%
Out-Patient	10%	0%
Release Type		
Parole	19%	0%
MS	64%	92%
Discharge	17%	8%

Appendix

Characteristics of Sample	Program	Comparison Group
	PRTC (N=1,568)	PRTC Comparison (N=2,118)
Gender		
Male	100%	100%
Female	0%	0%
Race		
White	33%	29%
African-American	47%	49%
Hispanic	20%	22%
Custody Type		
Minimum or better	100%	100%
Medium	0%	0%
Age Group		
<35	47%	51%
>35	53%	47%
Offense Type		
Violent	21%	23%
Property	39%	35%
Drug	30%	33%
Prior Incarcerations		
0	52%	58%
1	25%	20%
2+	23%	21%
Drug Screening		
In-Patient	42%	56%
Out-Patient	33%	44%
Release Type		
Parole	25%	39%
MS	68%	52%
Discharge	7%	9%

Appendix

Characteristics of Sample	Program	Comparison Group
	SAFP (N=7,869)	SAFP Comparison (N=1,554)
Gender		
Male	81%	83%
Female	19%	17%
Race		
White	47%	45%
African-American	25%	28%
Hispanic	28%	26%
Custody Type		
Minimum or better	NA	NA
Medium	NA	NA
Age Group		
<35	60%	70%
>35	40%	30%
Offense Type		
Violent	17%	21%
Property	26%	31%
Drug	34%	29%
DWI	18%	13%
Prior Incarcerations		
0	NA	NA
1	NA	NA
2+	NA	NA
Drug Screening		
In-Patient	NA	NA
Out-Patient	NA	NA
Release Type		
Parole	NA	NA
MS	NA	NA
Discharge	NA	NA

Appendix

Characteristics of Sample	Program	Comparison Group
	SOTP (N=336)	SOTP Comparison (N=2,181)
Gender		
Male	100%	100%
Female	0%	0%
Race		
White	41%	49%
African-American	34%	26%
Hispanic	25%	25%
Custody Type		
Minimum or better	94%	95%
Medium	6%	5%
Age Group		
<35	37%	33%
>35	63%	67%
Offense Type		
Violent	100%	100%
Property	0%	0%
Drug	0%	0%
DWI	0%	0%
Prior Incarcerations		
0	76%	79%
1	15%	11%
2+	9%	10%
Drug Screening		
In-Patient	40%	27%
Out-Patient	35%	26%
Release Type		
Parole	2%	0%
MS	52%	76%
Discharge	45%	24%

Appendix

Characteristics of Sample	Program	Comparison Group
	IEI (N=177)	IEI Comparison (N=1,754)
Gender		
Male	100%	100%
Female	0%	0%
Race		
White	18%	26%
African-American	67%	62%
Hispanic	16%	12%
Custody Type		
Minimum or better	100%	100%
Medium	0%	0%
Age Group		
<35	48%	47%
>35	52%	53%
Offense Type		
Violent	12%	10%
Property	36%	34%
Drug	50%	53%
Prior Incarcerations		
0	40%	47%
1	30%	25%
2+	30%	28%
Drug Screening*		
In-Patient	7%	32%
Out-Patient	37%	23%
Release Type		
Parole	40%	48%
MS	60%	49%

3.6 Expertise of Bidder's Personnel

3.6.1 Qualifications of Gateway Personnel

To ensure that the Department receives the best quality services at the Chillicothe, Northeast, and Women's Eastern Correctional Centers, Gateway will provide excellent guidance and support of the program at all levels: from its Executive Management Team, the Corrections Management Team personnel, and the program-level personnel. The following sections describe current Gateway personnel who will deliver these quality services.

We have included Exhibit D (Expertise of Personnel), Exhibit G (Employee Expense Charged to the Contract), and Exhibit H (Personnel Control Listing) at the end of this section.

MANAGEMENT PERSONNEL SUPPORTING THE WERDCC, CCC, AND NECC PROGRAMS

The Executive Management Team and Corrections Management Team personnel who will support the operations at WERDCC, CCC, and NECC include the following highly qualified professionals whose experience and credentials are summarized below. Their detailed vitae are included at the end of this section.

Executive Management/Leadership Team

The Executive Management Team and Corrections Management Team personnel who will support the operations in Florida include the following highly qualified professionals whose experience and credentials are summarized below.

MICHAEL DARCY

Michael Darcy is **President and CEO** of Gateway Foundation, Inc., a private, not-for-profit organization founded in 1968 to provide alcohol and other drug abuse prevention and treatment services.

Mr. Darcy began his career in 1967 working in New York's Greenwich Village as an outreach worker helping teens and young adults who were abusing alcohol and other drugs find their way out of addiction. In 1969, he was asked to come to Chicago to work at Gateway Foundation, one of six new drug treatment initiatives funded by the Illinois Department of Mental Health and organized under the auspices of the University of Chicago's Department of Psychiatry.

In 1985, Mr. Darcy was appointed President and CEO by the Board of Directors after serving in the positions of Treatment Center Director, Area Director, Program Director and Executive Director reporting to the President.

Mr. Darcy is nationally known for his work in the Substance Abuse field and has served on many Federal, State and Local Government Advisory Groups as well as on the Board of Directors of National and State Associations. He is currently a member of the reform-minded Chicago Housing Authority.

Mr. Darcy received his undergraduate degree, concentrating in Social Work, from Chicago's Roosevelt University and his Master of Management (MBA) from Northwestern University's Kellogg Graduate School of Business.

MICHAEL GINIGER

Michael Giniger, Vice President for Corrections, is responsible for the overall operation of Gateway's Corrections Division, which consists of treatment correctional units in the states of Missouri, New Jersey and Texas. He has direct responsibility for ensuring quality of care to clients; compliance with contract requirements and licensure and accreditation standards; promotion of the organization to appropriate correctional/state agencies; adherence to budgetary and sound fiscal requirements; promotion of prudent human resources practices; and development of new business opportunities.

Mr. Giniger played a lead role in the development of the Texas Criminal Justice Treatment Initiative and, in conjunction with that initiative, he has worked closely with the Winners Circle Self-Help Network to assist men and women re-entering the community. He has received many meritorious achievement awards from the Winners Circle and continues to work as an integral part of their national planning groups.

Prior to achieving the role of Vice President of Gateway Foundation's Corrections Division, Mr. Giniger had been a Regional Director with Gateway Foundation since 1994. He has been actively involved in the substance abuse treatment field since 1975. Immediately prior to his employment with Gateway, he worked with Parkside Medical Services as an Administrative and Program Director in several of their adult and adolescent treatment facilities. He also worked as a Program Director for Sinai-Samaritan Medical Center in Milwaukee.

Mr. Giniger was employed by DePaul Rehabilitation Hospital in Milwaukee in increasingly more responsible positions, starting as a counselor in 1977 and working his way up to a Program Director position before leaving in 1988. He began his work in the substance abuse treatment field at Daytop Village in New York City.

Mr. Giniger has served on several Boards of treatment provider associations including the National Association of Addiction Treatment Providers and presently serves on the Board of Therapeutic Communities of America. He has been a Certified Alcohol and Drug Counselor since 1977 and maintains his license as a Chemical Dependence Counselor in Texas and is a Certified Criminal Justice Professional.

Mr. Giniger has a Bachelor's degree in Health Care Management from LaSalle University.

GEORGE VARGAS

George Vargas, Chief Financial Officer, is responsible for the overall operation of the Gateway Foundation finance and accounting functions including accounting, budget and financial analysis, treasury management, supplier management, billing and accounts receivable, payroll, accounts payable, program support, and administrative support services.

Mr. Vargas has 22 years combined experience in accounting, internal auditing, process improvement, and business systems implementation.

Prior to joining Gateway, Mr. Vargas served as a senior business systems analyst for a major property and casualty insurance company and served in various accounting and internal auditing capacities for a major not-for-profit social service organization based in Illinois.

Mr. Vargas has a B.S. degree in computer science and a second B.S. degree in Accounting, both from Northeastern University in Chicago. He is a certified information systems auditor and a CPA.

MARTHA YOUNT

Martha Yount, Vice President, Human Resources, is responsible for the direction of Human Resources management for Gateway Foundation, which has over 1,000 employees in seven states. She oversees human resource programs and services including employment, compensation, benefits, employee relations, personnel records, and training programs ensuring compliance with the organizational goals and objectives.

She previously served as Associate Director, Human Resources at the University of Chicago Hospitals and Assistant Director, Human Resources at Baylor University Medical Center in Dallas where she was responsible for managing human resources programs and strategies.

Ms. Yount has a Master of Business Administration from the University of North Texas.

DAN MOLITOR

Dan Molitor, Vice President, Information Services, is responsible for strategy and operations of organization-wide data, voice and project management information systems and support. He has over 19 years of progressive information systems-related experience. He plans, directs, manages systems and personnel, develops, updates and secures approval of the IS Strategic plan, capital and operational budgets, IS policies and procedures and participates in administrative operations including acquisitions and mergers. He is a member of the executive management team responsible for welfare of the agency and its interests.

Prior to Gateway Foundation, Mr. Molitor worked for a major not-for-profit social service organization based in Illinois. His responsibilities included voice, data, applications and support of 120 locations throughout Illinois and a $4 million information systems budget.

He has been an instructor for both Governors State University and South Suburban College in Illinois.

Mr. Molitor received an MBA in Management Information Systems from Governors State University.

CORRECTIONS MANAGEMENT PERSONNEL

REBECCA H. DOUGLAS

Rebecca Douglas, Regional Director, Corrections Division, has oversight of the St. Louis Missouri Free and Clean program; Maryville (MO) Treatment Center; Western Reception Diagnostic Correctional Center (MO); Ozark Correctional Center (MO); and, Day Reporting Center and Pre-Release Center in Chicago, IL. Ms. Douglas also is responsible for oversight of all compliance requirements for the Corrections Division. These requirements include ensuring facility adherence to licensing, certification, accreditation, and contractual regulations and standards.

As the Continuing Education Coordinator for the Texas Units, Ms. Douglas provides training for unit CE Coordinators, selects and schedules continuing education topics, and reviews and evaluates seminars.

Ms. Douglas also coordinates, schedules, and participates in internal audits for Corrections; collects and prepares statistical data for Corrections Division reports; and provides support in various other ways for Michael Giniger, the Regional and State Directors, and the Center Directors. Ms. Douglas reports directly to Michael Giniger, Vice President of the Corrections Division.

Ms. Douglas has been the Director/Program Manager for a variety of mental health and chemical dependency programs, including Director of Psychiatric & Chemical Dependency Programs for Tenet Healthcare (Houston), an acute care facility for adolescents, adults and geriatric patients; Director of Clinical Services for Nexus Recovery Center (Dallas), a center for female substance abusers; Area Director for Gateway in a previous employment with Gateway-Texas (Houston); and Program Manager for Adolescent Alternatives (Richmond, TX), a residential juvenile justice chemical dependency program. She has also been a presenter at several local and statewide conferences.

Ms. Douglas has a Master's degree in Clinical Psychology; is a Licensed Professional Counselor (LPC); a Licensed Chemical Dependency Counselor LCDC); Certified Criminal Justice Professional (CCJP), and a Certified LPC Supervisor.

STEPHEN DOHERTY

Stephen Doherty is currently Gateway's **Eastern Missouri Director**. In this position he manages the clinical services and administrative and fiscal functions for clients referred through state and federal criminal justice and mental health department contracts. He oversees operations of two Missouri prison treatment programs and Gateway's St. Louis Outpatient Program. Mr. Doherty is responsible for managing a professional staff of clinical and administrative personnel who provide substance abuse and mental health treatment services to over 1500 corrections clients.

Mr. Doherty currently serves on the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse State Advisory Council, providing guidance to the state agency in the delivery of treatment and prevention services throughout the state. He is the past President of the Missouri Substance Abuse Professional Credentialing Board and a former State Advisory Council member for the Missouri Recovery Network. Mr. Doherty is currently an adjunct faculty member at Missouri Baptist University in St. Louis, teaching graduate and undergraduate counseling courses.

Mr. Doherty has worked in the field of substance abuse and mental health treatment for over 24 years in both the private and public funding sectors. Prior to joining Gateway Foundation Inc., in 2002, Mr. Doherty worked for 12 years with Provident Counseling Inc. as Assistant Director of Clinical Services and Director of Addictions Treatment, overseeing programs serving substance abuse, compulsive gambling, mental health, and domestic violence clients in five St. Louis-area treatment sites.

Mr. Doherty formerly served as Vice President of the Missouri Association of Alcohol and Drug Abuse Programs (MADAP) and as an advisory member of the Illinois Department of Human Services' Substance Abuse – Domestic Violence Interdisciplinary Task Force. He holds a Bachelor of Arts degree in Psychology and a Master of Education degree in Counseling from Stephen F. Austin State University in Texas. He is a Licensed Professional Counselor and a Certified Substance Abuse Counselor and Certified Criminal Justice Addictions Professional in Missouri.

SARA SCOTT

Sara Scott is currently Gateway's **Program Director of WERDCC and NECC treatment programs** in Missouri. In this position, she oversees daily operations of WERDCC and NECC treatment programs, supervises the programs' Clinical Supervisors, and manages program budgets. Ms. Scott manages a staff of administrative and clinical staff who provide substance abuse and mental health treatment services to approximately 264 corrections clients. Ms. Scott currently serves a member of the Gender-Responsive Assessment Implementation Team (GRAIT).

Ms Scott has worked in the field of Substance Abuse and Mental Health Treatment for 14 years. Prior to joining Gateway Foundation, Inc. in 2010, Ms. Scott worked for 12 years with Crider Health Center as Senior Director of Clubhouse, Program Director, Employment Coordinator, and Employment Specialist. She worked with adults with co-occurring disorders in community setting, provided individual therapy and group therapy to individuals with co-occurring disorders as needed, and supervised staff providing these services. Ms. Scott oversaw daily program operations for psychosocial rehabilitation clubhouses serving a four-county area. She has a Master of Social Work degree from Saint Louis University and is a Licensed Clinical Social Worker and a Certified Substance Abuse Counselor.

GREGG DOCKINS

Gregg Dockins, Director of Corrections Initiatives, has served Gateway Foundation, Inc. as the Director of Corrections Initiatives since November 2006. His current responsibilities include the solicitation and procurement of contract business for the Corrections Division and various other development and marketing assignments. He represents the Corrections Division for Gateway Foundation during contractual negotiations and legislative contacts and is responsible for assisting the operational management staff of the Division with program start-ups.

Prior to his current assignment, Mr. Dockins was Gateway's Program Director at the 950-bed Sheridan Correctional Center Therapeutic Community (Illinois Department of Corrections). His responsibilities included administrative and clinical oversight functions for the DASA-licensed Therapeutic Community. Mr. Dockins has been the Director/Program Manager for a variety of mental health and chemical dependency programs since 1991 and has 24 years of experience in substance abuse treatment. His specialty is implementing programs using the Therapeutic Community treatment methodology.

Mr. Dockins holds a bachelor's degree in Psychology from Wayland Baptist University and completed Master's courses at the University of Texas at Arlington. He is a Certified Criminal Justice Addictions Professional (CCJP) in both Illinois and Texas and has been a licensed substance abuse counselor (Texas: LCDC) since 1991. Mr. Dockins has co-authored manuals on chemical dependency counselor training, has been a contributing author to college textbooks, is a seasoned trainer on chemical dependency treatment models, therapeutic communities, and chemical dependency counseling approaches and was a principal author of the Sheridan Correctional Center Integrated Standard Operating Procedure Manual for the Illinois Department of Corrections.

As a result of our extensive history of correctional service delivery over the past 30 years in State prisons and other secure settings, and our proven ability to successfully integrate treatment services within the WERDCC and NECC institutions, Gateway is the perfect provider to continue providing the requested treatment services at those facilities and to begin providing similar services at CCC.

PROPOSED PROJECT STAFFING

Gateway proposes to staff the programs as noted in the following table.

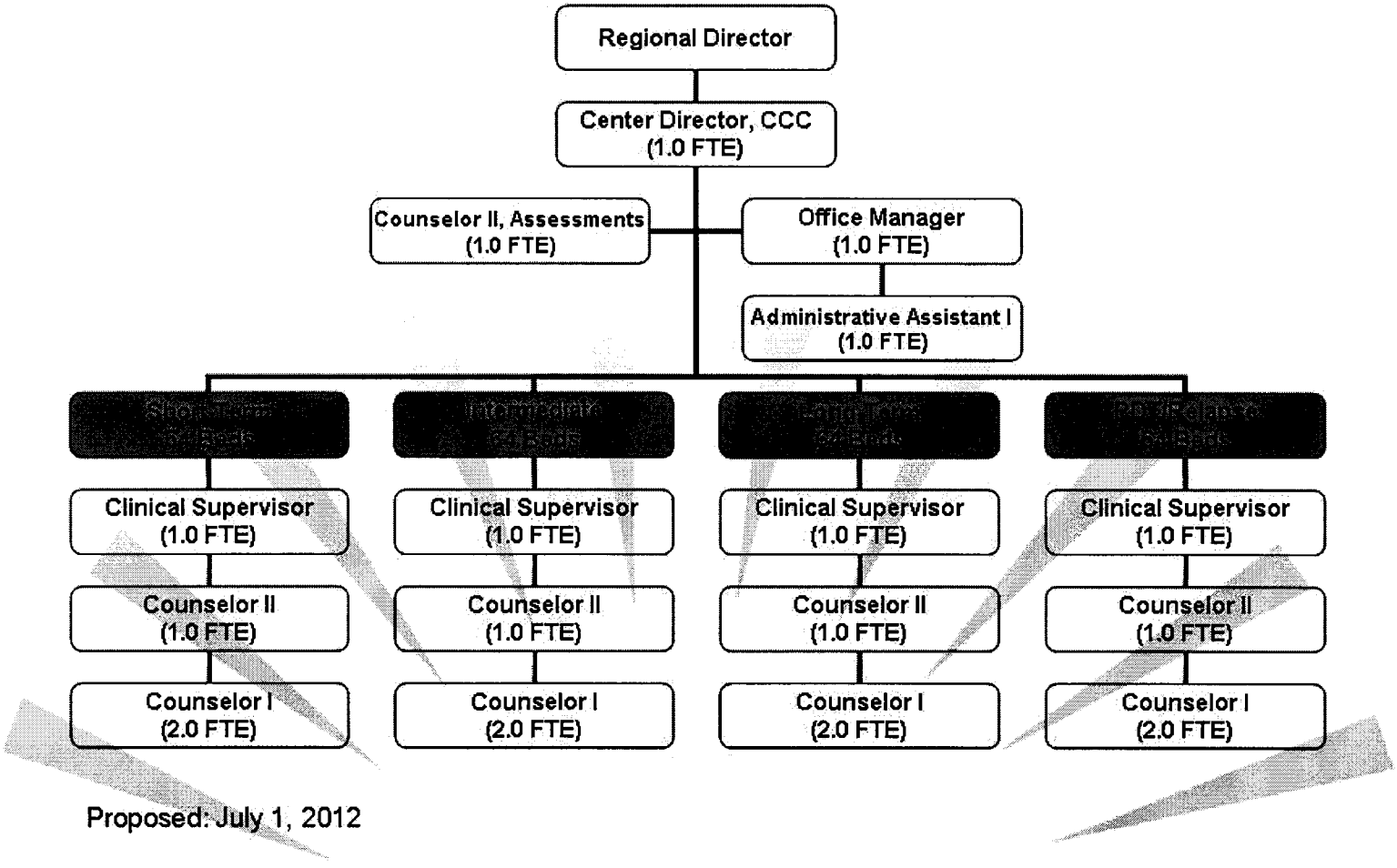
STAFFING PATTERN

POSITION TITLE	CCC FTEs	WERDCC FTEs	NECC FTEs
Program Director	1	.75	.25
Office Manager	1	1	0
Administrative Assistant I	1	1	0
Clinical Supervisors	4	4	1
Counselor III	0	1	0
Counselor II, Assessments	1	1	0
Counselor II	4	5	3
Counselor I	8	8	1
TOTAL	**20**	**21.75**	**5.25**

A proposed Organizational Chart for each program at each facility is provided on the following pages.

Gateway Foundation | Corrections

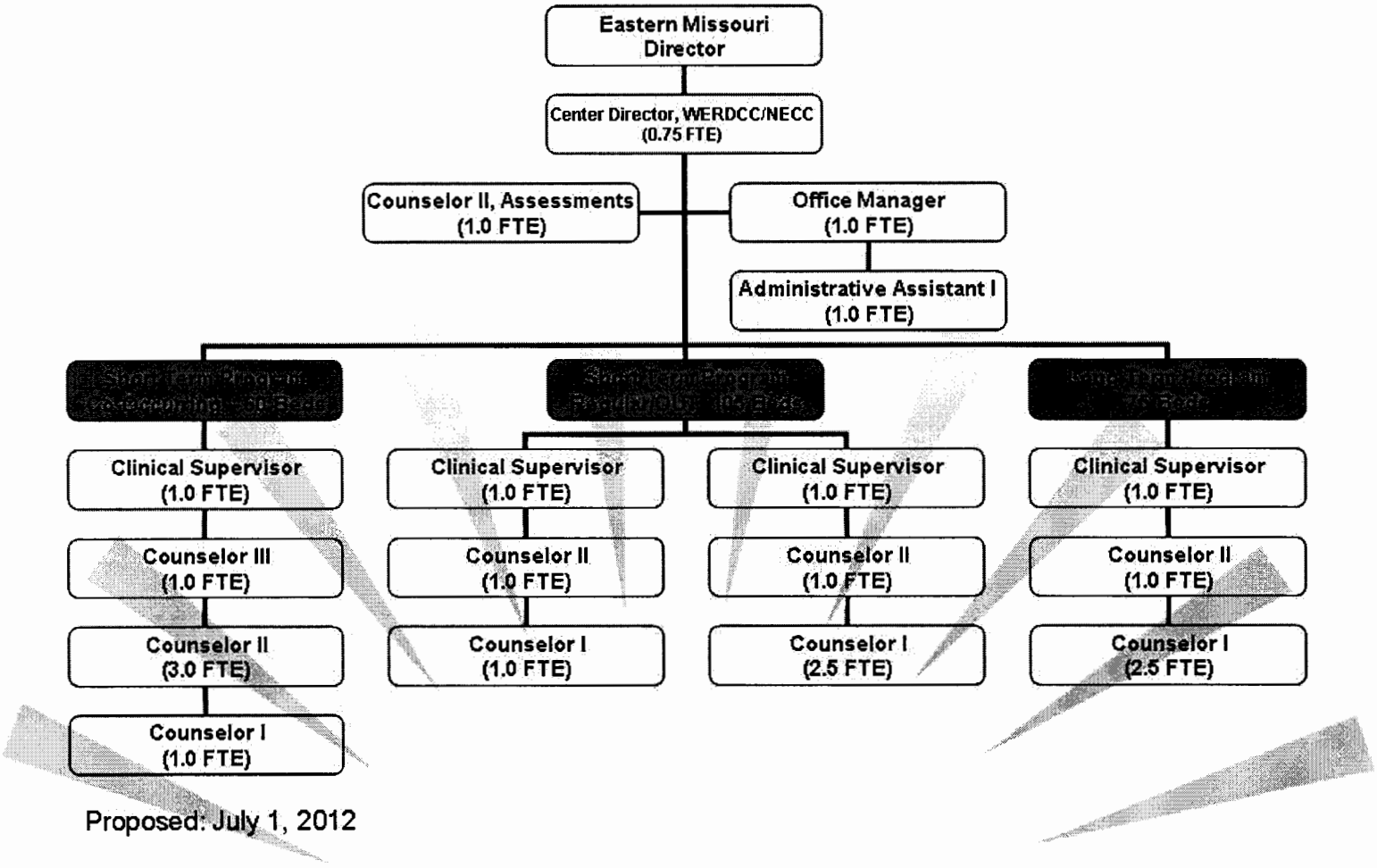
CCC Organizational Chart



Proposed: July 1, 2012

Gateway Foundation | Corrections

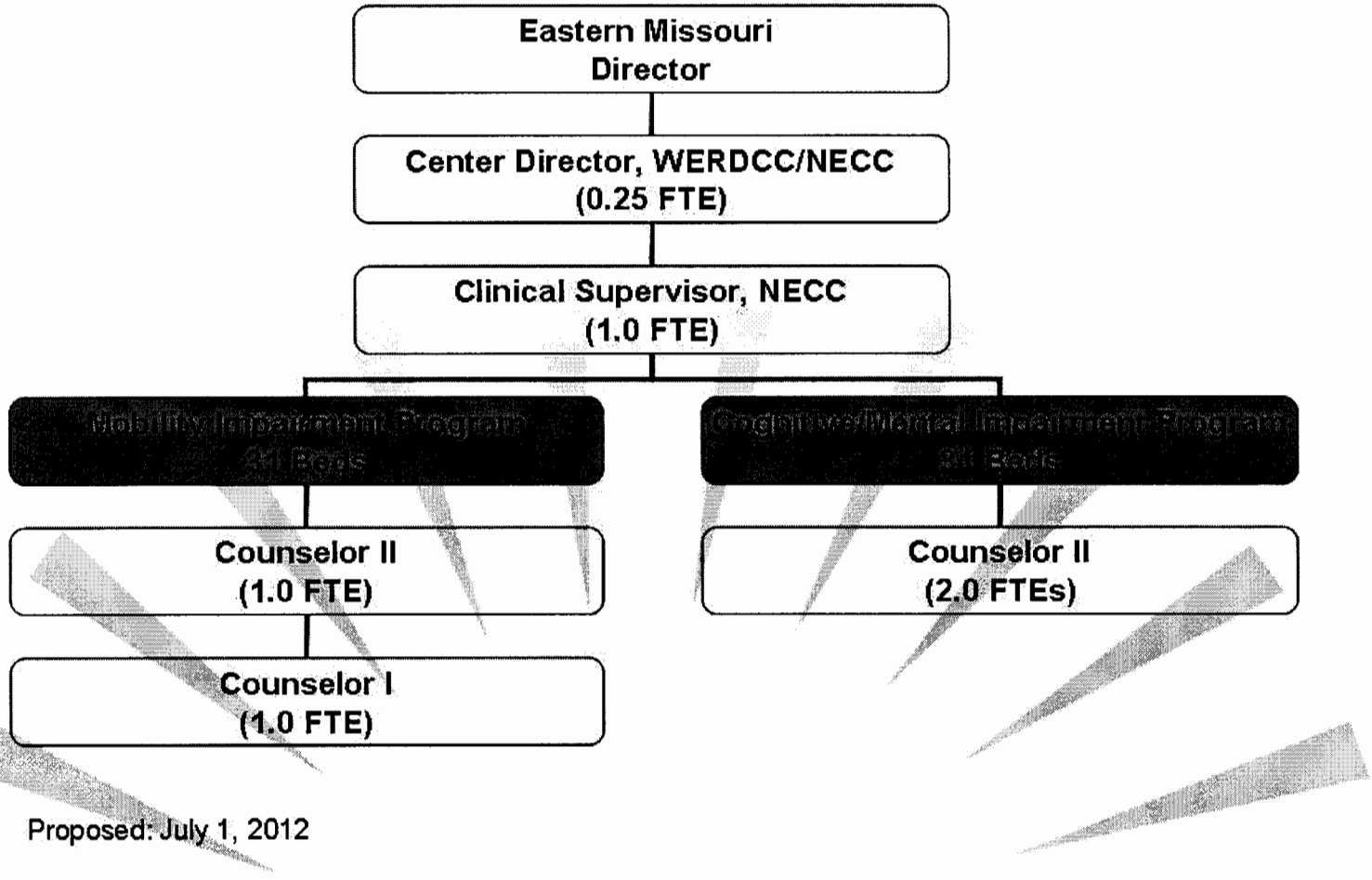
WERDCC Organizational Chart



Proposed: July 1, 2012

Gateway Foundation | Corrections

NECC Organizational Chart



EXPERIENCE AND EXPERTISE OF CURRENT GATEWAY STAFF

As the incumbent treatment provider of the WERDCC and NECC treatment programs, **Gateway already has well qualified staff in place to deliver the required services.** In addition, our management team is highly competent, with years of experience. Gateway assures the Department that it will staff CCC with equally well qualified staff.

The breadth and experience and amount of expertise that the current WERDCC and NECC staff bring to the new contract are evident in the tables on the following page.

CURRENT STAFF QUALIFICATIONS

WERDCC STAFF MEMBER	CURRENT POSITION	PROPOSED POSITION	YEARS OF RELEVANT EXPERIENCE	SPECIAL QUALIFICATIONS
Andrea Hyde	Counselor II	Counselor II	16 ½ Years	CRADC/CCJP
Marilyn Post	Counselor II	Counselor II	25 Years	CRADC/CCJP
Ann Henderson	Clinical Supervisor	Clinical Supervisor	20 Years	MA/Counseling/ CRADC/CCJP
Marisa Echternkamp	Clinical Supervisor	Clinical Supervisor	12 ½ Years	BS/Social Work/CCJP
Candace Lower	Office Manager	Office Manager	16 Years	
Rose Cox	Counselor III	Counselor III	29 Years	MA/Psychology/ CCJP/CCDPD
Micah Brown	Counselor Supervisor	Counselor Supervisor	10 Years	BS/Psychology/ CRADC
Carol Hays	Counselor II	Counselor II	5 Years	CADC
Monica Sigmund	Counselor II	Counselor II	3 ½ Years	BS/Psychology/ CADC
Sara Scott	Program Director	Program Director	14 Years	MA/Social Work/ LCSW/CCDPD
Michelle Brooks	AA I	AA I	2 ½ Years	
Jennifer Henderson	Counselor II	Counselor II	1 ½ Years	BS/Admin. Of Justice/CADC
Cindy Johnson	Counselor I	Counselor I	2 Years	RASAC I
Tarrah Hickerson	Clinical Supervisor	Clinical Supervisor	12 Years	MA/Social Work/LCSW
John Christensen	Counselor I	Counselor I	20 Year	RASAC I
Patricia White	Counselor I	Counselor I	13 Year	RASAC II
Carol Rhoades	Counselor I	Counselor I	10 Years	RASAC II
Chanae Weldy	Counselor I	Counselor I	5 Months	BS/Human Services/ RASAC II
Deanna McMorris	Counselor II	Counselor II	4 Years	BS/Psychology/ CADC
Mikala Houchins	Counselor I	Counselor I	3 Weeks	

NECC STAFF MEMBER	CURRENT POSITION	PROPOSED POSITION	YEARS OF RELEVANT EXPERIENCE	SPECIAL QUALIFICATIONS
Wendy Bryant	Counselor III	Clinical Supervisor	8 Years	MA/Criminal Justice/CSAC II
Michelle Raine	Counselor I	Counselor I	9 Years	RASAC I

Once the new contract is finalized, Gateway staff will continue to deliver the WERDCC and NECC programs with no interruption of care and will immediately initiate hiring staff for CCC. As this is understandably of paramount concern to the Department, we will commit the resources of the Gateway Corrections Division management and support teams to ensure that we provide quality treatment services from day one of the new award.

Supervision of Staff

Clinical Supervision

Gateway has developed a thorough system for supervision of all clinical staff. Gateway proposes a staffing pattern for WERDCC, CCC, and NECC that will appropriately allocate clinical oversight, supervision of staff and quality management through a system of Clinical Supervisors and Counselor Supervisors. **Clinical Supervisors** will devote more concentrated time to development and supervision of staff, compliance and quality control, and direct supervision of all clinical staff, i.e., Counselor Is, Counselor IIs, and Counselor III. These positions will be responsible for establishing and maintaining appropriate working relationships with corrections staff, parole officers, and Department or other state agency personnel. Clinical Supervisors will coordinate meetings among program staff, corrections staff, and parole officers and ensure that clients are receiving the type and intensity of services they need.

The Clinical Supervisors may provide services as a backup for staff absences or vacancies.

Each counselor is assigned to a Clinical Supervisor who meets individually with counselors one time per month (a minimum of one hour of face-to-face supervision) in addition to weekly team meetings to provide clinical supervision. Clinical function topics may include the following:

- client progress
- client problems
- clinical appropriateness of the treatment plan
- effectiveness of the counselor's approach (discussed in detail with the counselor)
- special needs

In addition, job performance issues will include the following:

- customer service
- sharing knowledge
- team communication
- documentation
- ethics and boundaries

These are among the topics reviewed and evaluated each month on the Gateway Staff Supervision Form (204.1). Areas of expected achievement, superior achievement, and areas needing improvement are noted and discussed with the counselor. When appropriate and necessary, the Clinical Supervisor may prepare a performance improvement plan or development plan to assist the counselor to meet clinical and/or job expectations.

Clinical Observation

Gateway Supervisors are expected to observe the counselors facilitating groups, performing assessments, and individual sessions so that appropriate feedback can be given. Observations will include the following:

Group Facilitation:

- Empower the members of the group to address the issues and provide feedback
- Group management
- Criminal/addictive thinking

Assessments/Treatment Plans

- Engagement
- Appropriate/relevant probing questions
- Inclusion of client comments on Treatment Plan

Individual Sessions

- Engagement
- Boundaries
- Focus

File Reviews

Clinical Supervisors a review all clinical files monthly: One hundred percent (100%) of all admissions/discharges and 20% of each caseload, which is recorded on the Client File Audit Form. Each counselor is expected to correct identified deficiencies within specified timeframes. The Supervisor signs off on the audit as the deficiencies are corrected. The results of the file audit are noted on the 204.1 Staff Supervision Form. The monthly audit results are submitted on the Monthly Clinical Supervision Form.

Meetings

Clinical Supervisors will coordinate meetings with the Institutional Warden or designee, program staff, corrections staff, and parole officers and ensure that clients are receiving the type and intensity of services they need. Topics might include program operations, quality assurance, training, and compliance. Supervisors will meet individually with their direct reports and may participate in department meetings, as appropriate.

Staff Recruitment, Retention, and Professional Enhancement

Although Gateway has a full complement of staff already delivering services at the WERDCC and NECC facilities, personnel vacancies occasionally occur. To avoid any gaps in service, Gateway works hard at maintaining viable recruitment, retention, and professional enhancement activities. We are familiar with the areas in which the programs are located, and we have anticipated the challenges we may encounter with staff recruitment and hiring. We have constructed a detailed staffing plan, including a description of our recruitment and selection process and a time line for acquisition of all staff positions. There are several graduated steps that must be taken for effective staff recruitment.

Gateway utilizes a specific policy pertaining to recruitment sources, and we have talented staff in our Human Resources (HR) Department specifically dedicated to recruitment and hiring staff for new Gateway programs. Our policy makes clear that recruitment of qualified people is a critical priority in assuring the success of our programs. Gateway managers and HR representatives are trained in and familiar with recruitment efforts directed at locating and attracting the most qualified individuals to fill vacancies.

Efforts to Employ a Diverse Staff

Gateway has long recognized the value of diversity in the work environment and with respect to service provision. High priority is attached to the recruitment and hiring of minority individuals and persons from the various cultures represented by the client population. As detailed elsewhere in this proposal, our Human Resources Department takes care to post available positions with local agencies that cater to various ethnic groups, such as the Urban League or various offices of the Department of Employment Security. This is to ensure that notice of vacant positions reaches qualified clinicians from a variety of ethnic groups and to increase our opportunities for hiring staff members with diverse backgrounds and experiences.

Gateway has developed Affirmative Action Programs (AAP) for each region in the United States in which we provide services. Each AAP is structured and calculated as required by the Office of Federal Contract Compliance and Programs (OFCCP), and conforms to all guidelines and requirements both in letter and spirit.

The data in the following table are evidence of the success of our diversity initiatives in hiring.

MALES									
White	Black	Hispanic	Asian	Native Hawaiian/ Other Pacific Islander	American Indian/ Alaskan Native	Two or More Races	Not Specified	Total	Percent Male
192	162	15	3	1	0	4	3	380	37%
FEMALES									
White	Black	Hispanic	Asian	Native Hawaiian/ Other Pacific Islander	American Indian/ Alaskan Native	Two or More Races	Not Specified	Total	Percent Female
373	216	35	6	3	2	3	9	647	63%

RECRUITMENT PLAN

Gateway Foundation is an equal opportunity employer and does not discriminate in hiring on the basis of race, color, national origin, sexual orientation, or gender. Gateway has developed Affirmative Action Plans (AAP) that include placement goals that reflect attainable objectives. The placement goals are not justification to extend a preference to any individual, select an individual, or adversely affect an individual's employment status. The plans are periodically reviewed to assess the utilization of staff within diverse groups compared with the availability of those individuals in the labor market. In all employment decisions, selection decisions are made in a nondiscriminatory manner.

Gateway has structured recruitment, interview, and selection processes to assist with sourcing and identifying the best qualified candidates. We utilize both traditional and nontraditional recruitment strategies, such as Internet recruiting, marketing campaigns, job ads, and outreach to professional organizations. Additionally, we partner with local state agencies, colleges and universities, and participate in job fairs and other community events to source candidates and promote Gateway as an employer of choice.

Job Boards/Internet/Professional Associations:

- LinkedIn
- Monster.com
- Careerbuilder.com
- SocialService.com
- Recovery Today Publication
- American Counseling Association of Missouri
- Missouri Career Source
- The Association for Addiction Professionals - www.naadac.org
- Chamber of Commerce (in cities or surrounding cities in which the programs are located)

Colleges and Universities:

- University of Missouri, Columbia and Kansas City
- Columbia College, St. Peters
- Lincoln University, Jefferson City
- Lindenwood University, St. Charles
- Washington University, St. Louis
- Graceland University, Lamoni
- Missouri Western State College
- Central Missouri State University

Newspapers:

- *Vandalia Leader*
- *The Mexico Leader*
- *St. Louis American (African American, St. Louis)*
- *St. Louis Post Dispatch*
- *Chillicothe Gazette*
- *Chillicothe Times Bulletin*

GATEWAY'S SCREENING AND EVALUATION PROCESS

Gateway expects every hiring manager to commit to utilizing sound and consistent practices when screening and hiring staff. Managers are expected to provide all job applicants, internal and external, with an equal employment opportunity on the basis of ability, experience, and training, regardless of race, color, age, religion, national origin, sex, or disability.

Applications for open positions may come from internal or external applicants. Internal applicants must complete an Internal Application for Job Posting and forward to the Human Resources (HR) department for evaluation. Only those candidates approved by Human Resources may be interviewed. HR will forward all approved applications to the hiring manager.

Our Human Resources Department quickly performs follow-up contacts with unsolicited inquiries and frequently obtains lists of certified counselors in the area for mailing advertisements of job openings. Gateway has obtained a mailing list of Missouri's certified substance abuse counselors as an additional method for seeking staff, which we use as the need arises

Managers will screen applicants' external resumes for experience, education, and certification requirements. If an applicant is a former Gateway employee, managers must contact Human Resources to determine if the candidate is eligible for rehire.

Our Human Resources Department recommends that each viable candidate undergo a telephone pre-screen to determine his or her suitability for the position. Conducting an effective pre-screen saves time as it helps to eliminate those candidates who either do not qualify or are not interested in your open position.

Once applicants' eligibility and interest are established, managers follow established guidelines for conducting a successful interview. Before commencing the interview, managers carefully review the Application for Employment to ensure that all information is complete and that the application is signed.

After an interview has been completed, managers review their interview notes and the Candidate Assessment form and rate the candidate. As a team, the individuals involved in the interview discuss their rankings and reach a consensus, if possible.

The top candidate(s) are selected, and the background check process is initiated. The chosen candidate(s) is (are) notified that the next step is to conduct reference and criminal background checks. Candidates are asked to complete the Background Check Request and Release Authorization form. Because Gateway is a multi-state organization, the Criminal Background Check process on each candidate is initiated following individual state guidelines.

The business reference checks are also performed on each candidate, following the *Reference Check Policy*. This includes verifying the candidate's degree, certification, or other licenses. If the criminal background check, the reference checks, the school degree check, and certification check are acceptable by Gateway's standards, the deliberation process is initiated.

If a candidate fails the drug screen, HR will send a letter to the candidate withdrawing the offer of employment. Managers then must decide if they want to pursue any previously interviewed candidates.

RETENTION PLAN

Gateway is committed to recruiting, retaining and developing qualified employees. All of our managers have a talent development plan to assist designed to assist them in enhancing their leadership skills and developing their direct reports.

All of our employees participate in an organization on-boarding program and site specific orientation plan, new and ongoing training and regular one-on-one supervisions. Existing employees are often deployed to assist with the start-up of new programs to mentor new staff. Newly hired or assigned Program Directors are partnered with an existing Gateway Director to ensure the success of the new program. With the start of most new programs, there is typically higher than normal staff turnover during the first year. We hope by continuously recruiting for qualified staff that the negative impact on staff retention is minimal. The goals of this retention plan are to ensure there is adequate staffing to meet the overall goals and deliverables of the contact and:

- To retain staff by:
    - Recruiting individuals who are a good match for both the job, program and work environment
    - Developing managers to build trust with their teams
    - Communicating expectations in a clear and timely fashion
    - Orientating the staff to Gateway and the program
    - Offering ongoing training and support to ensure a successful start-up
    - Assigning mentors
    - Maintaining a positive work environment
    - Strengthening relationships between the treatment staff and correctional staff
    - Listening to and quickly resolving issues that arise at the program

Gateway believes that continuing efforts to retain high-quality staff are particularly important, and that minimally qualified staff and high staff turnover will adversely affect the quality of the treatment program. We hire staff for the program with attention to staff members' ability to adopt an interdisciplinary approach to treatment and to provide services to each inmate according to his unique needs. Gateway typically participates in progressive and creative agendas in cooperation with the Department to achieve our mutual goals in this regard. To further emphasize the importance of this issue, staff retention is incorporated as a goal in our Corporate Strategic Plan.

Gateway provides extensive orientation to its corporate policies and procedures. We have a New Employee Handbook as well as a more intensive "on-boarding" package that includes a welcome packet upon offer acceptance that includes a welcome letter; first-day schedule, and a mission, vision, and values DVD. There is also a welcome card and professional development journal, with targeted meetings with the supervisor. Each unit has tailored its new hire orientation to its unique requirements and culture. In addition, each Gateway unit has an array of activities designed to demonstrate that it values its employees, thus increasing retention.

Pursuant to Gateway's Corporate Strategic Plan, managers review employee retention data monthly. Programs experiencing low retention are provided with additional guidance and support from Gateway management and Human Resources. This support can include on-site visits by members of the management team, or employee focus groups conducted by Human Resources in an effort to identify common problem areas, and develop a plan to address them in conjunction with the local management team. Gateway also conducts exit interviews to solicit feedback from employees, which is reported to managers and the Board of Directors, and corrective actions are taken if necessary, based on this feedback.

With respect to corrective actions at various sites, managers devise strategies specific to their staff retention needs. Our goal is to promote an enhanced sense of belonging for our staff, which in turn contributes to a positive progress in our programming. Actions we have taken in the past to positively impact retention include the following:

- identifying and providing training to our staff in areas where they may lack experience, particularly relating to issues specific to a corrections-based treatment program. These issues include staff and inmate boundaries, holding inmates accountable for their behavior, and finding ways to develop a closer working relationship with the Department.

- conducting regular staff meetings with Department representatives to continue to develop and maintain an open line of communication with the Department.

- providing supervisors with an Employee Selection Workshop designed to assist in selecting the most qualified candidates.

- developing a relationship with local universities to develop student internships as a way of recruiting future staff members.

- participating in DOC sponsored job fairs.

PROFESSIONAL DEVELOPMENT

Gateway believes that, in order to provide appropriate, effective, and cost-efficient substance abuse treatment, staff must be trained to provide cognitive restructuring therapy and chemical dependency counseling services. Clinical Supervisors are trained to identify staff training needs as well as client needs, and all treatment staff are trained to understand the complexities of providing substance abuse treatment in a correctional setting with a difficult-to-treat population. Gateway requires that all treatment staff receive appropriate training and encourages staff to maintain and increase their level of qualifications.

STAFF CERTIFICATION POLICY

Gateway's staff certification policy pertains to all clinical staff who provide direct clinical services including Counselors and Clinical Supervisors, among others. Specifically, clinical staff hired to work at the proposed sites will meet one or more of the following criteria:

- be certified by the appropriate State Agency as a substance abuse counselor or be certified by an agency recognized by the State Agency and/or the funding source as demonstrating appropriate reciprocity, or
- be licensed as a Licensed Counselor, Licensed Clinical Professional Counselor, Licensed Social Worker, or Licensed Clinical Social Worker.

Gateway requires all staff who are hired without certification or licensing credentials to acquire these credentials as soon as possible. All staff members who are not yet certified will be supervised by a supervisor holding a supervisory level of certification credential or the appropriate license to practice. We assure the Department that staff members who provide

services at WERDCC, CCC, and NECC will be licensed and/or certified by the appropriate Missouri agency or other agency with appropriate reciprocity.

Staff members who have not achieved certification will be required to begin working toward licensure/certification as soon as possible and will be supervised by a certified counselor or other qualified, credentialed professional.

STAFF TRAINING STRATEGIES, CURRICULUM AND PRACTICES

Internal Training Efforts

Gateway is able to choose from its qualified staff instructors adept at training professionals on important and various treatment issues. Determinations for suggested training efforts and annual training needs (beyond New Employee Orientation and Mandatory Training) are made based on feedback from staff and supervisors, and on contract or licensing requirements. Directors and Clinical Supervisors are trained to recognize additional staff training needs, and staff members may request training in a particular subject or area.

At a minimum, Gateway provides training to staff as required to maintain necessary credentials. With respect to staff training at WERDCC, CCC, and NECC, Gateway will provide training to staff in the areas of offender screening, treatment plan development, group and individual counseling, criminal thinking patterns, and community treatment planning.

The in-service training may be conducted by Gateway staff members or by non-Gateway professionals when necessary. The Program Director will ensure that all trainers selected to provide in-service training have the proper credentials and experience. Aspects of our training policies and documentation are attached as an appendix.

Training Record

A training record will be completed for each employee. The training record will be maintained as an on-going document and will include the New Employment Orientation Checklist, In-service Checklist - Mandatory Training, and In-service Checklist - Additional Training. Training records will be kept by the unit administrative support staff and updated as training opportunities are offered. Certificates of completion will be kept with each employee's training record as verification of course completion.

New Employee Orientation

The following orientation items must be reviewed prior to any new employee working without immediate supervision. Each session includes presentation of material and groups discussion during 1 - 1.5 hour training sessions. An exact training schedule will be provided once the contract is awarded and Gateway has the opportunity to collaborate with the department.

- Facility Policy and Procedure Manual
- Orientation to Working in a Correctional Environment
- Client Rights
- Client Grievance Procedure
- Confidentiality of Client Identifying Information
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Emergency/Evacuation Procedures
- Specific Job Duties

Mandatory Training

This section of the training plan includes other training items required within 90 days of hire for each member of the treatment staff, and is conducted in 1 - 1.5 hour training sessions of material presentation and group discussions.

- HIV/AIDS training
- Tuberculosis training and Sexually Transmitted Diseases
- Non-Violent Crisis Intervention
- Therapeutic Community Philosophy and Treatment Methods
- Cognitive Restructuring—*Pathway to Change* curriculum for staff in the TC program
- Motivational Interviewing Techniques
- Treating Clients with Special Needs
- Abuse, Neglect, Exploitation, Illegal, Unprofessional and Unethical Conduct

Supervisory Expectations and Related Training for Supervisors

Supervisors and managers at Gateway are required to participate in a sophisticated Management Development Training curriculum which involves six (6) training modules. These modules were developed by Anderson Consulting (now Accenture) and were designed to improve management skills and reduce staff turnover. The modules include the following:

- Communicating Effectively
- Building High Performance Teams
- Coaching to Improve Performance
- Situational Leadership
- Managing Employee Relationships
- Managing Conflict

STAFF TRAINING SCHEDULE

Timeframe	Topic	Trainers
Week 1	Pre-Service Orientation (see narrative following schedule)	Gateway management staff
Week 2	• Gateway Employee Guide • Policy & Procedures • Confidentiality • Emergency Procedures • Organization • Security & Safety • HIV • Clinical Policy Review	Program Director; Clinical Supervisors; Administrative Assistants
Weeks 3-6 (45 days post implementation)	• Therapeutic Communities **(NECC staff, as appropriate)** • Clinical Documentation • Special Needs • Quality Management/Performance Issues • Motivational Interviewing • Cognitive Self-Change/Thinking for a Change (T4C) • Program Curricula (Gorski's Relapse Prevention/ Life Skills/Criminal Thinking Errors/Thinking Reports/Moral Reasoning)	Gateway staff and/or external presenter
Weeks 7-12	• Continuation of Program Topic Training • Quality Management Plan • Unusual Incident Reporting • Non-Violent Crisis Intervention • Clinical Documentation & Processes	Program Director; Clinical Supervisors; Administrative Assistants
Monthly	• Topical Training; may include one of the above topics and/or additional topics that enhance topics required for certification/re-certification.	Gateway staff and/or external presenter
At least annually	• HIV/AIDS • Tuberculosis and Sexually Transmitted Diseases • Non-Violent Crisis Intervention • Therapeutic Community Philosophy and Substance Abuse Treatment Methods **(NECC staff, as appropriate)** • Treating clients with Special Needs • Abuse, Neglect, Exploitation, and Illegal, Unprofessional and Unethical Conduct Screening and Assessment • Cognitive Self-Change • 12 Core Functions	Gateway staff and/or external presenter

PRE-SERVICE TRAINING

New Gateway employees will participate in 40 hours of pre-service training. This orientation to Gateway and the facilities will be presented by Gateway management staff and occur over the first several weeks of employment. Normally, Gateway provides this training during the first full week of employment, but due to start-up considerations, as we are prioritizing the continuation of uninterrupted service delivery during the CCC transition, we will extend the pre-service orientation timeframe for those hired at day one of the contract. All new Gateway staff thereafter will be oriented to specific Gateway procedures and processes during their first week of employment. The standard pre-service orientation includes:

Gateway Employee Guide:

- Policy and Procedures
- Attendance policy
- Kronos time clock; paid time off
- Code of Conduct/Corporate Compliance Program
- Gateway mission, vision & history overview
- Job description; Performance Evaluation and review process
- Benefits overview
- Smoking; visitors; solicitation;
- Dress Code
- Gateway property; computers/voice mail; use and reporting problems
- Orientation to Working in a Correctional Environment
- Client Rights
- Client Grievance Procedure
- Client Abuse, Neglect and Exploitation
- Requirements for Reporting Abuse, Neglect, and other Critical Incidents
- Standards of Conduct and Practice (Ethics Policy)
- Specific Job Duties

Confidentiality:

- HIPAA privacy regulations
- 42 CFR
- Confidentiality—HIV/AIDS Status
- Confidentiality of client Identifying Information

Emergency Procedures

- Medical, psychiatric, suicide prevention / intervention
- Fire safety
- First aid kit location

Organization:

- Site tour & introduction to site personnel
- Organization chart (Gateway & site / department)
- Description of program service

Security & Safety:

- Infection Control & Standard Precautions
- Workers Compensation / employee injuries
- OSHA Hazard Communication Plan
- Personal Belongings

HIV:

- Etiology, transmission, symptomology, and testing

Clinical Policy Review:

- Client behavior and consequences
- Child/elder abuse and neglect reporting/exploitation
- Client acknowledgment of treatment rights

Within the **first ninety (90) days** of hire, Gateway employees experience further training in the following areas:

- Quality Management Plan
- Unusual Incident Reporting
- Non-Violent Crisis Intervention
- Clinical documentation & processes

In addition to those items listed, Administrative Staff will review:

- Billing requirements & procedures
- Mail

At the completion of the orientation period, staff will begin a more intensive learning process regarding the following topics:

- Therapeutic Communities—including, History, Traditional model, Issues of new TC Counselors, Counselor Role, Basic TC Tools/Rules, Skills and Concepts, and Counselor Competencies.
- Clinical Documentation—including, Assessment, Master Treatment Plan (TAP)
- Special Needs Clients
- Quality Management/Performance Measures

- Program Topics—including, Criminal Thinking Patterns, Life Skills, CD Education, Cognitive Self-Change, Anger/Aggression Management, Relapse Prevention, Problem Solving Skills, Pro-Social Values

These topics, among others, will be presented as weekly, on-going training in seminar-styled format in addition to daily practical experience guided by, initially, seasoned Gateway transition team members.

In addition, WERDCC/NECC has a well-developed system for orienting new employees to clinical activities that will be implemented at CCC. New employees observe a given task or activity, perform that activity in conjunction with a mentor, and then perform the activity under the observation of the assigned mentor. The mentor provides feedback and additional instruction repeating process until trainees exhibit competence in the task or function. Clinical Supervisors provide a final review of proficiency and additional feedback to the new employees. Normally, this initial orientation to clinical activity follows the four- to nine-week schedule (depending on progress) below:

Initial Orientation for New Counselors

Week 1:

- Attend daily wing staffing (M/T/TH/F)
- Attend Wing staffing
- Attend client orientation class
- Review client file
- Attend caseload groups
- Attend Conflict Resolution Group
- Attend Thinking Report Lecture
- Learn COD responsibilities
- Construct a client file

Week 2:

- Complete any unfinished task from Week 1
- Observe completion of Weekly Summaries / Complete Weekly Summary
- Attend caseload croups
- Attend Phase II Group / Review phase criteria sheet
- Attend daily staffing
- Attend Coordinator meeting
- Continue file review
- Observe intake/complete intake
- Attend Thinking Report Lecture
- Learn Expeditor responsibilities

Week 3:

- Complete any unfinished task from Week 2
- Attend daily staffing
- Attend Coordinator meeting
- Attend caseload groups
- Complete intakes
- Observe Master Treatment Plan/complete Master Treatment Plan
- Observe treatment plan reviews/complete treatment plan reviews
- With trainer, complete intake through progress note and mental health referral

Week 4:

- Complete any unfinished task from Week 3
- Continue to learn computer entries
- Attend daily staffing
- Attend caseload groups
- Attend Coordinator meeting
- Facilitate Phase II group with another staff present
- Attend *Pathway to Change* class
- Attend *Living In Balance* class
- Attend *Helping Women Recover* class
- Attend relapse/re-entry journal class
- Observe Business Office responsibilities

Weeks 4 – 9:

- Continue attending groups
- Continue document completion and entry
- Co-facilitate *Living in Balance* group
- Observe Creative Energy Department
- Continue to add clients to caseload

Gateway's practice is to ensure that certified staff annually receives the required 40 hours of continuing education hours. This education will include Ethics, HIV, TAP/Treatment Plan Training; Missouri Reentry Process training; and training in the Gateway treatment model. Gateway will also participate in twenty-four (24) hours of the Department's core curriculum training if required. Staff facilitating *Pathway to Change* will receive Facilitator Training.

In addition, the topics listed above will be included in these seminars and provided by either Gateway staff with expertise in these topics (from other Gateway facilities) and/or by persons contracted with Gateway.

STAFF DEVELOPMENT

Staff development is of paramount concern to Gateway. Our written policies address the need to assess, maintain, demonstrate and improve on the competencies of staff on an ongoing basis. Staff members are provided continuing education training each year. In addition, individual units offer regular and on-going in-service training to address specific local needs. A training record is completed for each employee reflecting the mandatory training (those topics required by contract, Gateway, and counselor licensure). Presentation of topics and participation in training are reviewed during the annual performance review.

The in-service training may be conducted by Gateway staff members or by non-Gateway professionals if necessary. Center Directors ensure that all trainers have appropriate credentials and experience.

ADDITIONAL TRAINING OPPORTUNITIES

The management staff holds quarterly meetings and monthly staff training sessions. Topics vary according to the needs at each unit but include topics such as criminal thinking, cognitive restructuring, cultural awareness and sensitivity, nonviolent crisis intervention, TC concepts and practices, counselor ethics, anger and grief, support groups, clinical documentation and time management, and relapse prevention. Staff members are encouraged to adopt a team approach to sharing knowledge and expertise. This informal training amplifies formal training efforts. Specialty techniques used by one unit are made available for use by other Gateway units through this discussion and training mechanism.

STAFF DEVELOPMENT OPPORTUNITIES THROUGH ONLINE TRAINING: ESSENTIAL LEARNING

Essential Learning offers online learning, staff compliance training and continuing education for behavioral health, mental health and addiction treatment. There are 900+ hours of online interactive courses that are more than just a list of journal, research and newsletter articles. The educational technologists at Essential Learning use adult learning principles and research to develop courses. Many of these courses are accredited and provide employees with Continuing Education Units (CEU) for recertification. Gateway provides this benefit at no cost to our employees to enhance retention and improve the quality of the services we deliver.

POSITION DESCRIPTION SUMMARIES

POSITION	RESPONSIBILITIES
Program Director	Responsible for managing and supervising the delivery of substance abuse services; liaison with Assistant Division Director, Division of Offender Rehabilitative Services; meet regularly with Superintendent/designee of facility
Clinical Supervisors	Develops and supervises staff, ensures compliance and quality control. Responsible for establishing and maintaining appropriate working relationships with corrections staff, parole officers, and other Department or other state agency personnel. Provide clinical supervision to staff counselors; provide support and back-up for counselors, as needed.; Coordinates meetings among program staff, corrections staff, and parole officers; ensures that clients receive the type and intensity of services needed.
Counselors (I, II and III)	Assume primary responsibility for engaging the client in treatment and providing treatment services; assess clients' treatment needs; develop treatment plans (in conjunction with the clients and Department personnel); provide individual and group counseling; provide group education; and meet with other clinical and Department staff to review client progress and develop strategies for engaging clients who are treatment-resistant; assist the Clinical/Counselor Supervisor in oversight of the wing, SOD office, and Structure; work with TAP teams for designated offenders; work with clients' families, ,and with clients' parole/probation agents to help create support networks for offenders returning to the community. Assist clients in identifying and developing community resources for continued treatment in the community after release. One counselor will be responsible for the Intake assessments and will assist with routine clinical tasks as appropriate and available.
Office Manager / Administrative Assistant I	Provide administrative support for the program. Develop billing and record-keeping procedure in cooperation with program staff and in compliance with state regulations. Must be proficient in office operations and program policy. Review incoming and outgoing correspondence; screen telephone calls for the program director; serve as staff timekeeper; prepare and distribute staff meeting minutes; provide other reports for the treatment program operation.

Detailed job descriptions for these positions are included on the following pages.

Resumes for key personnel follow the job descriptions.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Sara N. Scott	
Position Description for this Project:	Program Director for WERDCC
Educational Degree (s): include college or university, major, and dates	Masters of Social Work, Saint Louis University May 2001 Bachelor's of Social Work , Columbia College, May 1998
License(s)/Certification(s), #(s), expiration date(s):	Clinical Social Worker (LCSW) MO # 2010007959 expires September 30, 2013 Certified Co-Occurring Disorders Professional-Diplomate #5514 expires April 30,2013
Specialized Training Completed. Include dates and documentation of completion:	Clinical Supervisor: Building Chemical Dependency Counselor Skills Training #850 February 17-19, 2010; Motivational Interviewing February 2012; Co-occurring Disorders March 2012
# of years experience in area of service proposed to provide:	12 years Supervisory experience 13 years experience working with adults with co-occurring disorders 2 years working with female offenders
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 2 years
Previous employer(s), positions, dates	Crider Health Center 1998-2007 Employment Specialist 1998 Employment Coordinator 1998-2001 Program Director of Clubhouse 2001-2007 Senior Clubhouse Director 2007-2009
Identify specific information about experience in:	
☐ Substance abuse services	13 years experience working with adults with co-occurring disorders
☐ Re-entry Services	2 years working with female offenders
☐ Working with Offenders	2 years working with female offenders
Describe the person's planned duties/role proposed herein:	To oversee daily operations of WERDCC and NECC treatment programs, and provide supervision to Clinical Supervisors of the programs. Manage program budgets.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Ann Henderson	
Position Description for this Project:	Clinical Supervisor for WERDCC
Educational Degree (s): include college or university, major, and dates	M.A. Forensic Psychology – Argosy University - 2012 M.A. Counseling – Louisiana Baptist University - 2002 B.S Criminal Justice- University of Texas at Arlington - 1980
License(s)/Certification(s), #(s), expiration date(s):	Certified Reciprocal Alcohol and Drug Counselor #23979 exp.10/31/13 Certified Criminal Justice Professional exp.10/31/13 # 4458 Certified Co-Occurring Disorders Professional # 4980 exp/ 10/31/13 CSAC Supervisor #420
Specialized Training Completed. Include dates and documentation of completion:	Motivational Interviewing 2012, Suicide Prevention training - 2012 Co-Occurring Disorders – 2012, Pathways to Change facilitator Training - 2009
# of years experience in area of service proposed to provide:	15 years supervisory experience 12.5 years specific experience w/female criminal justice co-occurring clients 7 years with mental health clients
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 12.5 years
Previous employer(s), positions, dates	Hannibal Council on Alcohol and Drug Abuse 1999 - Counselor Tarrant County Mental Health Mental Retardation 1991-1998: Training Coordinator 1991-1994 Client Rights Specialist (Investigator) 1994-1997 Aftercare/ Quality Services/Contract Monitor/Case Manager 1997-1998
Identify specific information about experience in:	
☐ Substance abuse services	13 years with substance abusing females (offenders)
☐ Re-entry Services	1 year as an aftercare provider/monitor/case manager, 13 years with offenders
☐ Working with Offenders	13 years working with offenders
Describe the person's planned duties/role proposed herein:	To oversee daily operations on the co-occurring wing, provide direction and supervision of 5 counseling staff, and manage a caseload of 15 clients. Weekly supervision of staff at Bowling Green men's treatment program.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Tarrah Hickerson	
Position Description for this Project:	Clinical Supervisor at WERDCC
Educational Degree (s): include college or university, major, and dates	Masters of Social Work, Washington University in St. Louis- May 2006 Bachelor's of Social Work, Central Missouri State University- May 2000
License(s)/Certification(s), #(s), expiration date(s):	Licensed Clinical Social Worker (LCSW) MO #2010001105 expires September 30, 2013
Specialized Training Completed. Include dates and documentation of completion:	Motivational Interviewing- 2 day training- St. Louis, MO-August 2010 ASIST (Applied Suicide Intervention Skills Training) Train the Trainer-San Francisco, Ca- April 2008
# of years experience in area of service proposed to provide:	12 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 1 ½ years
Previous employer(s), positions, dates	Preferred Family Healthcare- CSS Supervisor 8/2009-12/2010 Life Crisis Services- Clinician/Training Coordinator 1/2006-3/2010 Pike County Home Health and Hospice-Social Worker/Bereavement Coordinator/Volunteer Coordinator 4/2002-3/2007
Identify specific information about experience in:	
☐ Substance abuse services	6 years experience working with adults with co-occurring disabilities.
☐ Re-entry Services	1 ½ year s working with male and female offenders.
☐ Working with Offenders	1 ½ years working with male and female offenders.
Describe the person's planned duties/role proposed herein:	To oversee the treatment services provided to clients on one wing and to supervise staff to ensure compliance with contractual obligations. Complete mental health assessments on all MH 3 and 4 offenders who enter treatment.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Candace Lower	
Position Description for this Project:	Office Manager for WERDCC
Educational Degree (s): include college or university, major, and dates	Van-Far High School , May 1996
License(s)/Certification(s), #(s), expiration date(s):	
Specialized Training Completed. Include dates and documentation of completion:	Ethics in Corrections October 2012
# of years experience in area of service proposed to provide:	14 years of secretarial and support staff experience 3 years experience working as Office Manager and Supervisory Experience
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 11 Years
Previous employer(s), positions, dates	Correctional Medical Services 2000-2001 Betty Davis Insurance 1999-2000
Identify specific information about experience in:	
☐ Substance abuse services	11 Years
☐ Re-entry Services	0 Years
☐ Working with Offenders	12 Years
Describe the person's planned duties/role proposed herein:	To oversee organization and operation of Business Office. Responsible for processing of billing information. Performs personnel administration for Center. Provides supervision and assigns work to lower-classified office employees.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Carol Hays	
Position Description for this Project:	Counselor II at WERDCC
Educational Degree (s): include college or university, major, and dates	
License(s)/Certification(s), #(s), expiration date(s):	Certified Alcohol and Drug Counselor Expiration: October 31,2012
Specialized Training Completed. Include dates and documentation of completion:	Encounter group May 23-24 2011, Motivational intervening June 2011, Kids without Conscience April 2011, Bipolar Disorder November 2011, Addressing Organizational Challenges and Opportunities in Implementing Person-Centered Planning November 2011, Culture-Centered Approach to Recovery January 2012, Advanced Motivational Interviewing January 2012, Childhood Disorders January 2012, Therapeutic Communications January 2012, Structured Group Therapy January 2012, Substance Abuse and Violence Against Women January 2012, Abuse January 2012, Ethics for Treatment in Corrections February 2012, Co-occurring Disorders March 2012.
# of years experience in area of service proposed to provide:	4 years working with female offenders.
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 4 years
Previous employer(s), positions, dates	Meyer Implement Co. Parts manager 2000-2007
Identify specific information about experience in:	
☐ Substance abuse services	4 years
☐ Re-entry Services	4 years
☐ Working with Offenders	4 years
Describe the person's planned duties/role proposed herein:	To continue to facilitate caseloads, Pathways to Change, Encounters, Tpr group and meet with clients individually to counsel, address problems, review and individualize treatment plans, work with staff to address problems on the wing, initiate consequences, process clients' treatment work and give constructive feedback. I am going to learn to do ISAP's and continue to use essential learning or go to training on substance abuse and other areas in which will help me in my career.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Carol Rhoades	
Position Description for this Project:	Substance Abuse Counselor I for WERDCC
Educational Degree (s): include college or university, major, and dates	Vatterott College July 2011-Present
License(s)/Certification(s), #(s), expiration date(s):	RASAC II expires February 28, 2013
Specialized Training Completed. Include dates and documentation of completion:	Pathway to Change December 2011, Documentation March 2012, Ethics in Corrections April 2012
# of years experience in area of service proposed to provide:	10 Years experience working with adults and adolescent with co-occurring disorders and 6 years working with individuals with substance abuse
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 5 months
Previous employer(s), positions, dates	Crider Health Center 2002-2010 Caseworker 2004-2008 Unit Leader 2008-2010
Identify specific information about experience in:	
☐ Substance abuse services	8 years working with adults with co-occurring disorders
☐ Re-entry Services	5 month working with female offenders
☐ Working with Offenders	5 months working with female offenders
Describe the person's planned duties/role proposed herein:	To provide substance abuse counseling and oversight to a caseload of 20 female offenders. To provide lectures and facilitate groups on a variety of subjects pertaining to substance abuse and re-entry.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Chanae N. Weldy	
Position Description for this Project:	Substance Abuse Counselor II at WERDCC
Educational Degree (s): include college or university, major, and dates	Bachelor of Science in Human Services, Hannibal-LaGrange University May 2011
License(s)/Certification(s), #(s), expiration date(s):	Recognized Associate Substance Abuse Counselor # 6561 expires October 31, 2013
Specialized Training Completed. Include dates and documentation of completion:	Pathways to Change December 19-21, 2011. Ethics January 2012. Adolescent Substance Abuse Clinical Pathways Training and Ethics February 2012. Co-Occurring Disorders, Dual-Diagnosis, Motivational Interviewing, Suicide Assessment, Suicide Screening, Suicide Prevention and Risk Reduction, and Documentation March 2012.
# of years experience in area of service proposed to provide:	5 months of experience at WERDCC working with female offenders regarding substance abuse
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 5 months
Previous employer(s), positions, dates	Salem Baptist Daycare-Child care provider 2011 Student Representative Hannibal-LaGrange University 2007-2011 Intern at Department of Family Services 2010
Identify specific information about experience in:	
☐ Substance abuse services	5 months
☐ Re-entry Services	
☐ Working with Offenders	5 months
Describe the person's planned duties/role proposed herein:	To rehabilitate offenders in the area of substance abuse and provide means through materials and individual counseling on means of reconstructing their behaviors.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Cynthia A. Johnson	
Position Description for this Project:	Counselor I at WERDCC
Educational Degree (s): include college or university, major, and dates	William Woods University August 2005 – May 2006 – no degree
License(s)/Certification(s), #(s), expiration date(s):	Recognized Associate Substance Abuse Counselor II #6636 Expires October 31, 2013
Specialized Training Completed. Include dates and documentation of completion:	Pathways to Change December 2011; Motivational Interviewing February 2012; Co-Occurring Disorders March 2012
# of years experience in area of service proposed to provide:	1 year experience working with female offenders 1 year working at a mens 21 day treatment facility
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 1 year
Previous employer(s), positions, dates	Hannibal Council on Alcohol and Drug Abuse June 2009 – July 2010 – Detox Manager
Identify specific information about experience in:	
☐ Substance abuse services	2 years experience working with adults
☐ Re-entry Services	1 year working with female offenders
☐ Working with Offenders	1 year working with female offenders
Describe the person's planned duties/role proposed herein:	To facilitate/over see groups; provide one-on-one services; provide group therapy; and document work provided.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Deanna McMorris	
Position Description for this Project:	Substance Abuse Counselor II for WERDCC
Educational Degree (s): include college or university, major, and dates	Bachelor of Art in Psychology/Sociology, William Woods University, MO May 1998
License(s)/Certification(s), #(s), expiration date(s):	MO Certified Alcohol Drug Counselor #4596 Exp 10/31/13 (CADC)
Specialized Training Completed. Include dates and documentation of completion:	MACA Fall Training 2011 Motivational Interviewing June, 2011 Co-occurring Disorders March 2011
# of years experience in area of service proposed to provide:	10 years Supervisory experience 4 years counseling experience 1 year experience working with adults with co-occurring disorders 6.5 years working with female offenders
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 6 months
Previous employer(s), positions, dates	Preferred Family Health Care 2010-2011 Hannibal Council for Alcohol and Drug Abuse 2008-2010 Douglass Community Services, Program Manager 2006-2008 Program Director of PATCH (WERDCC) 2000-2006
Identify specific information about experience in:	
☐ Substance abuse services	1 year experience working with adults with co-occurring disorders 4 years experience in substance abuse counseling
☐ Re-entry Services	6.5 years working with female offenders
☐ Working with Offenders	6.5 years working with female offenders
Describe the person's planned duties/role proposed herein:	Committed to lower recidivism by offering effective treatment and groups that will aid offenders in regaining their lives to live successfully without the aid of drugs or alcohol.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Marilyn Post	
Position Description for this Project:	Counselor II for WERDCC
Educational Degree (s): include college or university, major, and dates	High School graduate in 1955 Psych 101 college course
License(s)/Certification(s), #(s), expiration date(s):	CRADC October 31, 2012 CCJP October 30, 2012
Specialized Training Completed. Include dates and documentation of completion:	Clinical supervisor: building Chemical Dependency Counselor Skills Training #211 1/31 to 2/2/2007; Criminal thinking, 7/20/2011; Motivational Interviewing and Advanced Motivational Interviewing 7/22/2011
# of years experience in area of service proposed to provide:	6 years residential substance abuse treatment ; 12 years experience working with both men and women in domestic violence field, 13 years working with female offenders
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 12 years 10 months
Previous employer(s), positions, dates	Family Life Skills International 1987 to 1999 Recovery Resources January1993 to 1999
Identify specific information about experience in:	
☐ Substance abuse services	6 years working in residential treatment
☐ Re-entry Services	12 years, 10 months working with female offenders
☐ Working with Offenders	12 years, 10 months working with female offenders
Describe the person's planned duties/role proposed herein:	Counselor II, do all ISAP assessments on clients as they enter treatment., fill in when needed to do caseloads, phase II groups, intakes, treatment plan reviews, etc.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Marisa Echternkamp	
Position Description for this Project:	Clinical Supervisor at WERDCC
Educational Degree (s): include college or university, major, and dates	Bachelor's of Social Work from Western Illinois University 1999.
License(s)/Certification(s), #(s), expiration date(s):	(Internationally) Certified Criminal Justice Addictions Professional. Certification #500520 Exp. 4/30/13
Specialized Training Completed. Include dates and documentation of completion:	Clinical Supervision: Building Chemical Dependency, Counselor Skills Training. Certification # 351
# of years experience in area of service proposed to provide:	12.5 years of experience in the substance abuse field
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	I have worked here 11.5 years. I became a Clinical supervisor in 2008.
Previous employer(s), positions, dates	Great River Recovery Resources. I was a Counselor in Training. I started there doing my internship for school and was employed following graduation. I worked there one year.
Identify specific information about experience in:	
☐ Substance abuse services	12.5 years providing substance abuse services.
☐ Re-entry Services	11. 5 years working with female offenders.
☐ Working with Offenders	11.5 years working with female offenders.
Describe the person's planned duties/role proposed herein:	To manage a small caseload of clients. Provide supervision to the staff on my wing. To oversee daily operations of my wing and the program as needed.

EXHIBIT D
EXPERTISE OF PERSONNEL
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Title of Position:	
Name of Person: Micah Brown	
Position Description for this Project:	Counselor Supervisor at WERCC
Educational Degree (s): include college or university, major, and dates	Currently working on Master's in Counseling, Missouri Baptist University Bachelor's of Science in Psychology , Missouri Baptist University, May 2002
License(s)/Certification(s), #(s), expiration date(s):	Certified Reciprocal Alcohol and Drug Counselor (CRADC) #3265 Expiration Date: 10/31/2013
Specialized Training Completed. Include dates and documentation of completion:	Clinical Supervision: Building Chemical Dependency Counselor Skills Training (certificate #197), Motivational Interviewing, Suicide Prevention and various other Dual Diagnosis trainings
# of years experience in area of service proposed to provide:	1 ½ years Supervisory experience 10 years experience working with clients with substance abuse 10 years experience working with female offenders
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 10 years
Previous employer(s), positions, dates	All related experience has been with Gateway
Identify specific information about experience in:	
☐ Substance abuse services	10 years experience
☐ Re-entry Services	10 years working with female offenders
☐ Working with Offenders	10 years working with female offenders
Describe the person's planned duties/role proposed herein:	To provide direct services to clients assigned to the treatment program, review client files and documentation, and provide supervision to clinical staff.

EXHIBIT D
EXPERTISE OF PERSONNEL
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Title of Position:	
Name of Person: Michelle D. Brooks	
Position Description for this Project:	Administrative Assistant I for WERDCC
Educational Degree (s): include college or university, major, and dates	High School 1986, Vo-Tech School 1986- 1987
License(s)/Certification(s), #(s), expiration date(s):	
Specialized Training Completed. Include dates and documentation of completion:	Therapeutic Community Part I, II, Confidentiality Under HIPPA, Protecting Human Research Participants, Preventing Workplace Harassment, Understanding Companys Ethics, Corporate Compliance, HIV Prevention, Communication, First aid /CPR
# of years experience in area of service proposed to provide:	2 ½ Years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 2 ½ Years
Previous employer(s), positions, dates	Bank of America, Teller August 2007-October 2009
Identify specific information about experience in:	
☐ Substance abuse services	2 ½ years
☐ Re-entry Services	
☐ Working with Offenders	2 ½ years
Describe the person's planned duties/role proposed herein:	Office duties: Answer phones, filing, data entry, help with monthly billing, work with offenders in office, help with interview process, give surveys to offenders,

EXHIBIT D
EXPERTISE OF PERSONNEL
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Title of Position:	
Name of Person: Mikala Houchins	
Position Description for this Project:	Counselor I for WERDCC
Educational Degree (s): include college or university, major, and dates	Masters in Counseling, Missouri Baptist Univ., currently working on degree Bachelor of Arts Degree in Legal Studies, Stephens College, May 2010
License(s)/Certification(s), #(s), expiration date(s):	None
Specialized Training Completed. Include dates and documentation of completion:	
# of years experience in area of service proposed to provide:	
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, newly hired
Previous employer(s), positions, dates	United States Postal Service 2011-2012 PSE Clerk 2011-12 Moberly Area Community College 2010-2011 Financial Aid Specialist/Counselor
Identify specific information about experience in:	
☐ Substance abuse services	
☐ Re-entry Services	
☐ Working with Offenders	
Describe the person's planned duties/role proposed herein:	To facilitate/oversee groups; provide one on ones and group therapy, and document work provided.

EXHIBIT D
EXPERTISE OF PERSONNEL
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Title of Position:	
Name of Person: Monica M. Sigmund	
Position Description for this Project:	Counselor II at WERDCC
Educational Degree (s): include college or university, major, and dates	Bachelor of Psychology Southeast Missouri State University, December 2006
License(s)/Certification(s), #(s), expiration date(s):	Certified Alcohol Drug Counselor #4736 Expires October 2012
Specialized Training Completed. Include dates and documentation of completion:	Overview of Suicide Assessment March 2012, Self Advocacy-Right Attitude January 2012, WRAP-Creating a wellness toolbox January 2012
# of years experience in area of service proposed to provide:	3.5 years experience of counseling
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 3.5 years
Previous employer(s), positions, dates	Neff Power 2007-2008 Customer Service
Identify specific information about experience in:	
☐ Substance abuse services	3.5 years experience working with incarcerated offenders
☐ Re-entry Services	3.5 years working with female offenders
☐ Working with Offenders	3.5 years working with female offenders
Describe the person's planned duties/role proposed herein:	To manage the offenders on my given caseload by proving group therapy, individual counseling, and case management services; also to provide educational classes to clients on the wing.

EXHIBIT D
EXPERTISE OF PERSONNEL
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Title of Position	
Name of Person: A'ndrea Hyde	
Position Description for this Project:	Counselor II WERDCC
Educational Degree (s): include college or university, major, and dates	Northeast Missouri State University 1973-1974 Kirksville, Missouri Macon Vocational Technical School 1980 Macon, Missouri Moberly Junior College 1982
License(s)/Certification(s), #(s), expiration date(s):	Certified Reciprocal Alcohol Drug Counselor (CRADC) #2478 exp. 10/31/13—Certified Criminal Justice Professional (CCJP) #4545 exp. 10/31/13—Internationally Certified Alcohol & Drug Counselor (ICADC) #112867 exp. 10/31/13—Internationally Certified Criminal Justice Addictions Professional (ICCJP) #500823 exp. 10/31/13
Specialized Training Completed. Include dates and documentation of completion:	Pathways to Change Motivational Interviewing Supervision Certified for Counselor Certification
# of years experience in area of service proposed to provide:	17 ½ years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employed by Gateway Foundation since, 10/12/98. (13 ½ years)
Previous employer(s), positions, dates	Hannibal Council on Alcohol & Drug Abuse 1995-1998 Detox Aide and Substance Abuse Counselor Assistant
Identify specific information about experience in:	
☐ Substance abuse services	17 ½ years
☐ Re-entry Services	17 ½ years
☐ Working with Offenders	13 ½ years
Describe the person's planned duties/role proposed herein:	Prepare individual treatment plans, groups, discharges and aftercare within contractual expectations. Train/ Supervise Certification process of new hires

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Rose J. Cox	
Position Description for this Project:	Counselor III at WERDCC
Educational Degree (s): include college or university, major, and dates	B.A. Psychology major, 1982 NMSU Kirksville, Mo M.A. Psychology major 1986 NMSU Kirksville, Mo.
License(s)/Certification(s), #(s), expiration date(s):	CJJP #4211 EXP. 4/30/2013 CCDP-D #5115 4/30/2013 ICCDP-D 3401295 4/302013
Specialized Training Completed. Include dates and documentation of completion:	Dual Diagnosis Training
# of years experience in area of service proposed to provide:	29 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee 2001 -2012 Gateway
Previous employer(s), positions, dates	Gateway Foundations 2001 WCC , Mt. Sterling, Illinois Supervising Psychologist- Job position since 1989 - 2001
Identify specific information about experience in:	
☐ Substance abuse services	29 years
☐ Re-entry Services	3 years plus
☐ Working with Offenders	19 years
Describe the person's planned duties/role proposed herein:	Duties as CS III. I do have supervisor role to CS I and CS II. I do staff on duty, do other job duties assigned to me as supervisory role.

EXHIBIT D
EXPERTISE OF PERSONNEL
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Title of Position: Counselor III	
Name of Person: Wendy G. Bryant	
Position Description for this Project:	Counselor III for NECC
Educational Degree (s): include college or university, major, and dates	Masters of Criminal Justice, Columbia College, May 2011 Bachelor's of Administration of Criminal Justice, Hannibal La Grange College, May 2002
License(s)/Certification(s), #(s), expiration date(s):	CADC, Expires October 31, 2012
Specialized Training Completed. Include dates and documentation of completion:	Cognitive Behavioral Therapy 1-15-12, Abuse 1-12-12, Criminal & Addictive Thinking 1-18-12, Motivational Interviewing 12-21-11, Alcohol & the family 12-22-11, ADHD & diagnosis 12-22-11, Dual Diagnosis 12-28-11, Ethics 2-29-12, Working with challenging clients 12-12-11
# of years experience in area of service proposed to provide:	Employee 4 years
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	3 years working with female offenders 1 year working with male offenders 1 year supervisory duties 7 years working with adults with co-occurring disorders 1 year working with juveniles
Previous employer(s), positions, dates	Crider Health Center 2002-2004- Case Manger Division of Youth Services 2001-2002-Youth Specialist
Identify specific information about experience in:	
☐ Substance abuse services	7 years working with adults with co-occurring disorders
☐ Re-entry Services	4 years working with adult offenders
☐ Working with Offenders	4 years working with adult offenders
Describe the person's planned duties/role proposed herein:	To provide treatment planning, therapy, education, aftercare and re-entry services for offenders at NECC.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: Jennifer Henderson	
Position Description for this Project:	Counselor II
Educational Degree (s): include college or university, major, and dates	Bachelor's Degree in Administration of Justice with an emphasis in Human Services, Hannibal LaGrange College- December 2009
License(s)/Certification(s), #(s), expiration date(s):	Certified Alcohol and Drug Counselor-expires October 31, 2013
Specialized Training Completed. Include dates and documentation of completion:	Department of Corrections Core Training November 28-November 30, 2011 Pathways to Change December 19-December 21, 2011 Motivational Interviewing March 11, 2012 Dual Diagnosis, Overview of Suicide Screening, Overview of Suicide Assessment, Suicide Prevention and Risk Reduction March 28, 2012
# of years experience in area of service proposed to provide:	1.5 years of experience in the substance abuse counseling field
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee, 1.5 years
Previous employer(s), positions, dates	Van-Far School District, Certified Adult Education and Literacy (AEL) teacher - October 2008-October 2010 Northeast Community Action Corporation (NECAC), intake assistant- November 2009-August 2010 Gateway Foundation September 2010-present
Identify specific information about experience in:	
☐ Substance abuse services	1.5 years experience working with adults with co-occurring disorders
☐ Re-entry Services	4 years working with female offenders
☐ Working with Offenders	4 years working with female offenders
Describe the person's planned duties/role proposed herein:	To work directly with female clients in a therapeutic setting and to assist them during their time in treatment

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position:	
Name of Person: John Christensen	
Position Description for this Project:	Counselor I
Educational Degree (s): include college or university, major, and dates	High Scholl Diploma 1968 Mankato High School Mankato, MN
License(s)/Certification(s), #(s), expiration date(s):	RASAC II April 2014
Specialized Training Completed. Include dates and documentation of completion:	Relapse Prevention 4/12 Suicide Prevention/Risk Assessment 4/12 Co-occurring Disorders 4/12 Dual Diagnosis 3/12 Motivational Interviewing 2/12
# of years experience in area of service proposed to provide:	10 years direct counseling 15 years supervisory experience 3 years working with offenders 11 years law enforcement
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	Employee - 1 year
Previous employer(s), positions, dates	Community Psychiatric Centers 1982-1990 Counselor, Program Director, Hospital Administrator Village South Miami, Florida 1981-1983 USMC 1968-1979 – 1st Marine DIV Drug and Alcohol Program 78-79
Identify specific information about experience in:	
☐ Substance abuse services	10 years direct counseling with adults and adolescents
☐ Re-entry Services	4 years with adults
☐ Working with Offenders	1 year with female offenders 2 years with male offenders
Describe the person's planned duties/role proposed herein:	To provide direct clinical services – one to one counseling, group therapies, educational lectures, relapse prevention and reentry services and training and case management services.

EXHIBIT D
EXPERTISE OF PERSONNEL
(copy and complete this table for each key person assigned to the project)

Title of Position: Substance Abuse Counselor	
Name of Person: Michelle Raine	
Position Description for this Project:	Substance Abuse Counselor I at NECC
Educational Degree (s): include college or university, major, and dates	Received GED October 1992
License(s)/Certification(s), #(s), expiration date(s):	RASAC II expires October 31, 2012
Specialized Training Completed. Include dates and documentation of completion:	Co Occurring Disorders Motivational Interviewing Domestic and Intimate Partner Violence Recovery Promoting Relationships Criminal and Addictive thinking
# of years experience in area of service proposed to provide	9 years working with co occurring disorders
Describe person's relationship to bidder. If employee, # of years. If subcontractor, describe other/past working relationships	1 year as a Substance Abuse Counselor at NECC
Previous employer(s), positions, dates	Preferred Family Healthcare Community Support Specialist 02/24/03 to 03/31/11
Identify specific information about experience in:	
☐ Substance abuse services	9 years working with adults with Substance Abuse, Co Occurring disorders or Mental Health Diagnosis
☐ Re-entry Services	1 year working with the male offenders
☐ Working with Offenders	1 year working with the male offenders
Describe the person's planned duties/role proposed herein:	Documentation Treatment planning Discharge planning Home planning holding therapy groups providing information on resources available after release, Relapse prevention planning Holding educational groups

EXHIBIT G

EMPLOYEE EXPENSE CHARGED TO CONTRACT CHILLICOTHE CORRECTIONAL CENTER

Complete the following table for each and every employee AND administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF EMPLOYEE OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Correction Director	$ 58,000	100%	$ 58,000
Clinical Supervisor	$ 47,000	100%	$ 47,000
Clinical Supervisor	$ 42,000	100%	$ 42,000
Clinical Supervisor	$ 42,000	100%	$ 42,000
Clinical Supervisor	$ 42,000	100%	$ 42,000
Counselor II, Assessment	$ 35,000	100%	$ 35,000
Counselor II	$ 32,500	100%	$ 32,500
Counselor II	$ 32,500	100%	$ 32,500
Counselor II	$ 32,500	100%	$ 32,500
Counselor II	$ 32,500	100%	$ 32,500
Counselor I	$ 27,500	100%	$ 27,500
Counselor I	$ 27,500	100%	$ 27,500
Counselor I	$ 27,500	100%	$ 27,500
Counselor I	$ 27,500	100%	$ 27,500
Counselor I	$ 27,500	100%	$ 27,500
Counselor I	$ 27,500	100%	$ 27,500
Counselor I	$ 27,500	100%	$ 27,500
Counselor I	$ 27,500	100%	$ 27,500
Office Manager	$ 32,500	100%	$ 32,500
Administrative Assistant I	$ 27,000	100%	$ 27,000

All salaries are "averaged" by the position type. Some actual variances may occur due to experience, credentials, etc.

EXHIBIT G

EMPLOYEE EXPENSE CHARGED TO CONTRACT
WOMEN'S EASTERN RECEPTION, DIAGNOSTIC & CORRECTIONAL CENTER

Complete the following table for each and every employee AND administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF EMPLOYEE OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Correction Director	$ 52,500	75% of 100% (Balance w/ NECC)	$ 52,500
Clinical Supervisor	$ 47,000	100%	$ 47,000
Clinical Supervisor	$ 42,000	100%	$ 42,000
Clinical Supervisor	$ 40,000	100%	$ 40,000
Clinical Supervisor	$ 40,000	100%	$ 40,000
Counselor III	$ 40,000	100%	$ 40,000
Counselor II, Assessment	$ 35,000	100%	$ 35,000
Counselor II	$ 31,000	100%	$ 31,000
Counselor II	$ 31,000	100%	$ 31,000
Counselor II	$ 31,000	100%	$ 31,000
Counselor II	$ 31,000	100%	$ 31,000
Counselor II	$ 31,000	100%	$ 31,000
Counselor II	$ 31,000	100%	$ 31,000
Counselor I	$ 27,000	100%	$ 27,000
Counselor I	$ 27,000	100%	$ 27,000
Counselor I	$ 27,000	100%	$ 27,000
Counselor I	$ 27,000	100%	$ 27,000
Counselor I	$ 27,000	100%	$ 27,000
Counselor I	$ 27,000	100%	$ 27,000
Counselor I	$ 27,000	100%	$ 27,000
Office Manager	$ 32,500	100%	$ 32,500
Administrative Assistant I	$ 27,000	100%	$ 27,000

All salaries are "averaged" by the position type. Some actual variances may occur due to experience, credentials, etc.

EXHIBIT G

EMPLOYEE EXPENSE CHARGED TO CONTRACT
NORTHEAST CORRECTIONAL CENTER

Complete the following table for each and every employee AND administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF EMPLOYEE OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Correction Director	$ 52,500	25% of 100% (Balance w/ WERDCC)	$ 13,125
Clinical Supervisor	$ 45,000	100%	$ 45,000
Counselor II	$ 34,000	100%	$ 34,000
Counselor II	$ 34,000	100%	$ 34,000
Counselor II	$ 34,000	100%	$ 34,000
Counselor I	$ 29,000	100%	$ 29,000

All salaries are "averaged" by the position type. Some actual variances may occur due to experience, credentials, etc.

EXHIBIT H

PERSONNEL CONTROL LISTING

Contractor Name Gateway Foundation, Inc., dba GFI Services

Location WERDCC

Date July 1, 2012 (Proposed)
(MONTH, DAY, YEAR)

Staff Name	Position	Location	Hours/ Week	Certification Number	License Number	ADA/QSAC Yes/No	Degree/Field of Study	Date Employed
Sara Scott	Program Director	WERDCC NECC	30 10	5514	2010007959	Yes	MA/Social Work	08/10/09
Ann Henderson	Clinical Supervisor	WERDCC	40	23979/4450		Yes	MA/Counseling	11/01/99
Marisa Echternkamp	Clinical Supervisor	WERDCC	40	4166		Yes	BS/Social Work	09/07/00
Tarrah Hickerson	Clinical Supervisor	WERDCC	40		2010001105	Yes	MA/Social Work	12/01/10
Micah Brown	Clinical Supervisor	WERDCC	40	3265		Yes	BS/Psychology	10/19/05
Marilyn Post	Counselor II, Assessments	WERDCC	40	2426/4298		Yes		06/07/99
Rose Cox	Counselor III	WERDCC	40	3128/4211		Yes	MA/Psychology	10/01/01
A'ndrea Hyde	Counselor II	WERDCC	40	2478/4545		Yes		10/12/98
Carol Hays	Counselor II	WERDCC	40	3850		Yes		05/07/07
Monica Sigmund	Counselor II	WERDCC	40	4736		Yes	BS/Psychology	11/17/08
Jennifer Henderson	Counselor II	WERDCC	40	5993		Yes	BS/Admin. of Justice	09/20/10
Deanna McMorris	Counselor II	WERDCC	40	4596		Yes	BA/Psychology	12/12/11
VACANT—To Be Hired	Counselor II	WERDCC	40					Proposed: 07/01/12
Cynthia Johnson	Counselor I	WERDCC	40	6155		No		11/22/10

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Signed on Page 2
Signature Michael Darcy 4/25/12 **Date**

EXHIBIT H

PERSONNEL CONTROL LISTING

Continued (WERDCC, Page 2)

Staff Name	Position	Location	Hours/ Week	Certification Number	License Number	ADA/QSAC Yes/No	Degree/Field of Study	Date Employed
John Christensen	Counselor I	WERDCC	40	6239		No		03/08/11
Patricia White	Counselor I	WERDCC	40	6203		No		04/04/11
Carol Rhoades	Counselor I	WERDCC	40	6611		No		11/14/11
Chanae Weldy	Counselor I	WERDCC	40	6561		No	BS/Human Services	11/18/11
Mikala Houchins	Counselor I	WERDCC	40	Working on RSAC		No	BA/Legal Studies	03/26/12
VACANT—To Be Hired	Counselor I	WERDCC	40					Proposed: 07/01/12
Candace Lower	Office Manager	WERDCC	40			No		07/02/00
Michelle Brooks	Administrative Assistant I	WERDCC	40			No		11/04/09

Michael Darcy 4/25/12

Signature **Date**

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EXHIBIT H

PERSONNEL CONTROL LISTING

Contractor Name Gateway Foundation, Inc., dba GFI Services

Location Northeast Correctional Center

Date July 1, 2012 (Proposed)
(MONTH, DAY, YEAR)

Staff Name	Position	Location	Hours/ Week	Certification Number	License Number	ADA/QSAC Yes/No	Degree/Field of Study	Date Employed
Sara Scott	Program Director	WERDCC NECC	30 10	5514	2010007959	Yes	MA/Social Work	08/10/09
Wendy Bryant (Candidate for CS position)	Clinical Supervisor	NECC	40	4613		Yes	MA/Criminal Justice	06/25/08
VACANT—To Be Hired	Counselor II	NECC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor II	NECC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor II	NECC	40					Proposed: 07/01/12
Michelle Raine	Counselor I	NECC	40	4771		Yes		04/04/11

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Michael Darcy 4/25/12
Signature **Date**

EXHIBIT H

PERSONNEL CONTROL LISTING

Contractor Name Gateway Foundation, Inc., dba GFI Services

Location Chillicothe Correctional Center

Date *July 1, 2012 (Proposed)*
(MONTH, DAY, YEAR)

Staff Name	Position	Location	Hours/ Week	Certification Number	License Number	ADA/QSAC Yes/No	Degree/Field of Study	Date Employed
VACANT—To Be Hired	Program Director	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Clinical Supervisor	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Clinical Supervisor	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Clinical Supervisor	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Clinical Supervisor	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor II, Assessments	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor II	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor II	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor II	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor II	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor I	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor I	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor I	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor I	CCC	40					Proposed: 07/01/12

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Signed on Page 2 Michael Darey 4/25/12
Signature **Date**

EXHIBIT H

PERSONNEL CONTROL LISTING

Continued (CCC, Page 2)

Staff Name	Position	Location	Hours/ Week	Certification Number	License Number	ADA/QSAC Yes/No	Degree/Field of Study	Date Employed
VACANT—To Be Hired	Counselor I	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor I	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor I	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Counselor I	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Office Manager	CCC	40					Proposed: 07/01/12
VACANT—To Be Hired	Administrative Assistant I	CCC	40					Proposed: 07/01/12

Michael Darcy 4/25/12

Signature **Date**

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TITLE: Staff Development

EFFECTIVE DATE: December 1, 1994

REVISED DATE: May 10, 2004; November 1, 2004

Policy:

All staff shall participate in an orientation program. Direct care staff will also participate in ongoing in-services and continuing education programs as required and as a part of the development process,

Procedure:

1. All staff members will receive orientation as explained in Policy 203A.
2. All orientation instruction is to be documented and placed in the personnel file of the employee.
3. All staff shall be provided with training on basic substance abuse/HIV information as it relates to risk factors, risk reduction strategies, routes of transmission and HIV antibody counseling and testing.
4. All direct care staff shall receive training on non-violent crisis intervention and Ethics in accordance with Gateway training requirements.
5. Continual training is provided to current as well as new personnel as defined in Policy 203A.

TITLE: STAFF DEVELOPMENT

EFFECTIVE DATE: December 1, 1994

REVISION DATE: September 1, 2001; September 1, 2004

Standard of Care §148.901

Policy:

All staff shall participate in an orientation program. All personnel shall receive the training and supervision necessary in routine in-service and continuing education to ensure compliance with Commission rules, provision of appropriate and individualized treatment, and protection of client health, safety and welfare.

Procedure:

1. All staff members will receive orientation as explained in Policy 203A.
2. All orientation instruction is to be documented and placed in the personnel file of the employee.
3. All staff shall be provided with training on basic substance abuse/HIV information as it relates to risk factors, risk reduction strategies, routes of transmission and HIV antibody counseling and testing.
4. All direct care staff shall receive training on non-violent crisis intervention in accordance with applicable state licensing and training requirements.
5. Continual training is to be provided to current as well as new personnel as defined in Policy 203A.

GATEWAY FOUNDATION
ANSWERS TO ADDICTION

IN-SERVICE CHECKLIST-MANDATORY TRAINING

STAFF NAME:_____

FACILITY: _____DATE OF HIRE: _____

PERSON COMPLETING TRAINING RECORD: _____

The following in-service trainings have been provided for this employee on the dates indicated:

Training	*Staff Type*	*Frequency*	*Date Completed*
TB/HIV/Hepatitis B, C & STDs	All Staff	3 hrs w/in 90 days of hire Annual update	
Non-Violent Crisis Intervention (NVCI)	Direct Care Staff	4 hours w/in 90 days of hire 2 hrs annually	
TC Training	Direct Care Staff	On-going	
Abuse, Neglect, Exploitation & *Ethics	All Staff	Include in new hire orientation/ 8 hours annually *3 hrs annually for licensed staff	
Special Needs Populations (Must include Sex Offender Training)	Direct Care Staff	4 hrs annually	
Clinical Supervision	All staff providing supervision to clinical staff	3 hrs every 2 years	
Intake/Screening & Admission Authorization (include 2 hours of DSM diagnostic criteria for substance abuse disorders)	Direct Care Staff	Initial training is 8 hours and 8 hours annually	
Self-Administration of Medication	All staff supervising self-administration of meds	Initial training is 2 hours	
Clinical Documentation	Direct Care Staff	6 hours annually	

GATEWAY FOUNDATION
ANSWERS TO ADDICTION

Attachment C

IN-SERVICE CHECKLIST-ADDITIONAL TRAINING

Staff Member's Name: _____

Training-Other	*Recorded By:*	*# of Hours*	*Date Completed*

GATEWAY FOUNDATION
ANSWERS TO ADDICTION

IN-SERVICE TRAINING CERTIFICATE

This certificate is to certify that _____ completed the following training.

TRAINING TITLE: _____

DATE: _____ NUMBER OF HOURS: _____

CONTENT: _____

_____

_____

INSTRUCTOR'S NAME & QUALIFICATIONS: _____

CEH COORDINATOR OR INSTRUCTOR SIGNATURE: _____

203A Alt E In-service Training Certificate.doc Rev 05/10/04

TITLE: STAFF TRAINING AND DOCUMENTATION

EFFECTIVE DATE: April 21, 1998

REVISION DATE: January 6, 2004; September 1, 2004

Standard of Care §148.603
Ref: PS #813 & # 817

Policy:

Each Center Director will ensure that in-service training(s) meet the minimum requirements defined by our contract and licensure standards. The in-service training may be conducted by Gateway Professional Staff Members or by non-Gateway Professionals (when necessary). The Center Director will ensure that all trainers selected to provide the in-service training have the proper credentials and experience. Any Continuing Education hours offered for In-Service Training will meet all requirements of Continuing Education Policy #203A1. In addition, these trainings will be documented as outlined in this policy and maintained for a period of five years.

Procedure:

Corrections Contract

Gateway-Help Is Possible will provide 20 hours of in-service training per year to their employees. Training will include oversight and monitoring of mentally impaired, mentally retarded, and sex offender issues. The Commission's Facility Licensure Standards of Care requires that other specific types of training be provided to the staff.. (See New Employment Orientation {Attachment A} and Required Training-Texas Units, {Attachment D}, which reflects all mandatory in-service hours including this requirement.)

Ten days prior to any scheduled training at the unit, the Contract Monitor for TDCJ must be notified by the Center Director of the proposed training dates, targeted staff and topics. If programming for residents will not be available during the scheduled training, the Center Director will submit a proposed alternate programming plan for the clients along with the proposed training schedule. The Department's Contract Monitor must approve the alternate-programming plan. Notification is not required if there will be no interruption of services for clients.

Trauma/Abuse/Sexual Issues:

Staff providing treatment interventions for trauma/abuse/sexual issues shall demonstrate evidence of specialized training in these areas; shall receive qualified and regular supervision and shall participate in training programs (in-service or external) to enhance their skills. When clinically appropriate, clients may be grouped by similar histories to enhance the treatment process. The counselors selected to facilitate these groups shall demonstrate evidence of specialized training or supervision in the facilitation of groups containing disclosure of volatile issues. Special attention will be given to confidentiality concerns in a correctional environment. Counselors will be trained/supervised to encourage client participation in these specialized services during the primary phase of treatment. Long-term treatment goals must be identified to encourage clients to seek on-going care when deemed appropriate (throughout the continuum of care and beyond).

Community Based Treatment:

All employees responsible for supervising clients in self-administration of medication who are not credentialed to administer medication shall complete documented training from a physician, pharmacist, physician assistant, or registered nurse before performing this task. Staff will complete two hours initial one time training. The training shall include:

1. Prescription labels;
2. Medical abbreviations;
3. Routes of administration;
4. Use of drug reference materials;
5. Storage, maintenance, handling, and destruction of medication;
6. Documentation requirements; and
7. Procedures for medication errors, adverse reactions, and side effects.

All programs that admit females of childbearing age shall have at least one staff person with documented knowledge of pregnant substance-abusing females and their care. When a pregnant female is admitted, all members of the treatment team shall receive information needed to provide appropriate care or to make appropriate referrals.

Training Record:

A Training Record will be completed for each employee. The training record will be maintained as an on-going document and will include the ***New Employment Orientation Checklist (Attachment A), In-Service Checklist – Mandatory Training (Attachment C), and In-Service Checklist – Additional Training (Attachment C1)***. The Training Records will be kept by the Unit Office Manager/Administrative Assistant in an organized Training Log and updated as trainings are offered. Certificates of Completion will be kept with each employee's Training Record as verification of course

completion. Should an employee terminate, the Training Record will be maintained or archived for a six-year period.

Personnel records will be forwarded to the Central Office (Chicago) H.R. Department and will be maintained for two years from the last date of employment.

The Training Record will contain the following information:

New Employee Orientation (Attachment A) –The orientation items listed on the Employee Orientation Checklist must be reviewed and completed in the 1st 7 calendar days from hire and prior to any new employee working without immediate supervision:

- See Orientation of Non-Employee Personnel Checklist (Texas) Section 12 of the P & P. Reference PS #817 Exhibit 1.
- Employee Orientation Checklist (Texas) section 12 of the P & P Reference PS #813 Exhibit 1.

In-Service Checklist – Mandatory Training (Attachment B) – Includes other training items required for each direct service employee to be completed within 90 days of hire (TB Training is required for all employees). (Refer to Required Training-Texas Units for annual requirements {Attachment D}).

- HIV Training (Based on TCADA's AIDS/HIV Model Workplace Guidelines)
- Abuse, Neglect, and Exploitation
- Tuberculosis Training, Hepatitis C, and Sexually Transmitted Diseases (All Staff)
- Nonviolent Crisis Intervention
- CPR and First Aid
- Special Needs
- Philosophy and Treatment Methods
- Intake and Screening and Admission Authorization
- Self-Administration of Medication

Continuing Education Hours (CEH) (See Policy 203A1)

Continuing Education Hours may be used for certification and recertification purposes. The approval of these courses is governed by TCBAP (Texas Certification Board of Addictions Professionals). In order to offer CEHs, the facility must maintain a current Continuing Education Certificate, appoint a Continuing Education Coordinator, and maintain all standards defined by TCBAP. In-Service Training may be approved for Continuing Education Hours as long as all of the standards are met. The Continuing Education Coordinator issues a special certificate for these courses. Additional documentation is also required (see Policy 203A1).

Training offered by non-Gateway professionals should be approved for Continuing Education Hours whenever possible. The trainer must have a current Continuing Education Certificate and Provider #. The Continuing Education Coordinator issues Certificates of Completion and maintains the required sign-in sheets and course evaluations.

In-Service Training – Delivered by Gateway Professionals – Non-CEHs

Non-CEH In-service training may utilize the same attendance sheet required for CEH seminars. A completion certificate is required. The certificates may be maintained in the training binder or in a separate in-service file maintained by the Officer Manager/Administrative Assistant. A SOP should describe the unit method of maintaining these certificates. The certificate must be available **with the sign-in sheet** for review.

An In-Service Training Certificate is attached. (Attachment Certificate Sample E)

Unit: ----------

ATTESTATION STATEMENT

Course Title: _____

Date: _____

Presenter(s): _____

_____

Responses and participation by workshop participants indicated their understanding of the material presented.

_____ _____

Signature of Presenter Date

_____ _____

Signature of Presenter Date

TRAINING NOTIFICATION FORM

Approved Providers must submit notification of all programs at least thirty (30) days prior to each program. This form must be submitted to TCBAP. No other notification will be accepted. Please make copies of this form for future use.

PROVIDER INFORMATION

Provider Name (as it appears on provider certificate) _____ Provider Number _____

PROGRAM INFORMATION

Program Title _____

Program Address (including city and state) _____

Program Instructor(s) _____

Program Date(s) _____ Program Time(s) _____

Brief description of program content: _____

Will this program be advertised? YES NO

Will this program be open to all professionals? YES NO

PLEASE CATEGORIZE HOURS AS FOLLOWS:

_____ General Education Credit Hours
_____ Ethics Credit Hours
_____ Clinical Supervision Credit Hours
_____ Cultural Awareness Credit Hours
_____ Dual Diagnosis Credit Hours
_____ Prevention Credit Hours

_____ **TOTAL CREDIT HOURS OFFERED FOR THIS COURSE**

MAIL/FAX/EMAIL THIS FORM TO: TCBAP, 1005 CONGRESS AVENUE, STE. 460, AUSTIN, TX 78701
FAX: (512) 476-7297 * EMAIL: TCBAP@TCBAP.ORG

FOR OFFICE USE ONLY

Date received: _____ Fee Received: YES NO Fee Amount: _____

Payment Information: _____

Reviewed by: _____ Date: _____

This is to certify that

License # _____

has satisfactorily completed

On this _____ *day of* _____ *2004*

_____ _____

Instructor(s) **Course Location**

_____ _____ (# Hours)

TCBAP Provider Number / Valid Through _____ (Type)

_____ (KSA Domain)

_____

Continuing Education Coordinator

Gateway Foundation-Texas

Name of Provider

_____

Address

_____

City/State/Zip

_____

Phone

GATEWAY FOUNDATION
ANSWERS TO ADDICTION

Complaints about provider or workshop content may be directed to the TCBAP Standards Committee, 1005 Congress Avenue, Ste. 460, Austin, Texas 78701. Fax (512-476-7297 e-mail TCBAP@TCBAP.ORG

203A1 Att D Rev 5/10/04

GATEWAY FOUNDATION
ANSWERS TO ADDICTION

ATTACHMENT E

ATTENDANCE SHEET

Course Title: _____

Date: _____ Time: _____ Total Hours: _____

Location: _____

	Print Name	Credential	LCDC Number/CI Designation	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Presenter's Signature: _____

Presenter's Signature: _____

TITLE: CONTINUING EDUCATION HOURS—TRAINING AND DOCUMENTATION

EFFECTIVE DATE: October 9, 1996

REVISION DATE: January 6, 2004; September 1, 2004

Standard of Care §148.603

Policy:

Each Gateway Unit is responsible for unit compliance with the training requirements of the Texas Certification Board of Addiction Professionals (TCBAP). In addition, each unit will maintain "current" Continuing Education Certification and have a designated Continuing Education Coordinator. The Center Director will ensure compliance with all Procedures described below.

Procedure:

1. Each Unit will maintain its own Continuing Education Provider Number and appoint a Continuing Education Coordinator who will be responsible for unit compliance for TCBAP training. Should the need arise, changes in CE Coordinators must be immediately reported to TCBAP using the Continuing Education Coordinator Change Form (and no later than 30 days after change). **NOTE:** Corrections Management should be notified of change.

2. Units will not advertise workshops to be presented and will not charge attendees for the training. Center Directors can authorize a limited number of invitations to the scheduled training to significant Gateway counterparts (i.e., correctional staff or other guests).

3. Each Unit must clearly adopt an attendance policy, which specifies that attendees must be present for the entire workshop and cannot miss more than a total of fifteen (15) minutes of each four- (4) hour training segment.

4. The Unit Continuing Education Coordinator will sign each training certificate. Certificates should not have a computer font as a signature. However, signatures may be scanned.

5. The Unit Continuing Education Coordinators are responsible for course record keeping, issuance of certificates, and instructor(s) qualifications. Records will be kept in an orderly fashion by chronological date. Records are to be kept on the unit, in a secure place, for a period of three years. The Center Director will be familiar with all storage procedures.

6. The Unit Continuing Education Coordinators are responsible for granting no less than one (1) full credit hour. Fractional hour credit for continuing education may be granted if the

course lasts longer than one (1) hour. The course time will not include breaks or other non-educational times, such as meals.

7. The Unit Continuing Education Coordinators will ensure compliance with all standards set forth in the guidelines of the Texas Certification Board of Addiction Professionals (TCBAP) Committee, effective July 1, 2003.

8. The Unit Continuing Education Coordinators will ensure all aspects of any course offered under the provider number is current, appropriate, and relevant to chemical dependency counseling.

9. The Unit Continuing Education Coordinators will ensure all education provider records are maintained in compliance with the standards of the TCBAP.

10. Each unit will maintain:

    a) Course outline for each course given, including a brief overview, objectives, comprehensive topical outline
    b) Record of time, place, and date, credit type, total credit hours awarded and duration of each course given
    c) A curriculum vitae or resume for each instructor
    d) Documentation of LCDC number/CI designation, and/or certifications of presenters.
    e) A listing or record of attendance showing the name and LCDC number/CI designation of each attendee taking any approved course (e.g., sign-in sheet)
    f) Course evaluations by individuals
    g) Attestation statement by presenter that material presented was understood by participants
    h) Copies of course certificates

11. Continuing Education Hours will comply with the following guidelines:

    a) Each hour (50) minutes of interaction shall be accepted as one (1) continuing education hour (CEH)
    b) Courses less than one (1) hour in duration will not be approved

12. All education hours must be relevant to alcohol and other drug abuse counseling and treatment, addiction counseling and treatment, clinical supervision, compulsive gambling counseling and treatment, or the prevention of alcohol and other drug abuse. Courses must relate to the 12 core functions, scientific knowledge, or technical skill required for alcohol and drug counseling and treatment, addiction counseling and treatment, the prevention of alcohol and other drug abuse, contain content related to direct client care, or content related to indirect client care.

13. Courses offered for continuing education must be categorized as either General continuing education credit or as a specific required topic area (such as, clinical supervision, ethics, etc.)

14. Participants must meet all course requirements in order to receive CEH credit.

    a) Partial credit will not be given for partial attendance.
    b) Participants will not be excused from any portion of the course and receive credit. Attendees cannot miss more than 15 minutes of instruction per four (4) hours of training and still receive credit for participation.
    c) Course evaluations must be completed and turned in by each participant.

15. Certificates of Completion will be awarded to qualified participants. Only format authorized by Corrections Management based on TCBAP Standards will be accepted and will include the following information:

    a) Name and LCDC number/CI designation of attendee
    b) Course Title
    c) Provider name, address, telephone number, provider number, expiration date of provider number
    d) Date of course
    e) Location of course
    f) Type of education hours (Ethics [E]: Cultural Awareness-Related [CA-R]; Dual Diagnosis/Sexual Abuse-Related [DD-R]. All other courses must be classified as "General"
    g) KSA Domain
    h) Signature of Continuing Education Coordinator
    i) Instructor name
    j) The statement "Complaints about provider or workshop content may be directed to the TCBAP Standards Committee, 1005 Congress Ave., Suite 460, Austin, Texas 78701, Fax No (512) 476-7297"

16. Completed certificates will be available to individual participants within 14 days after conclusion of each course.

17. Course verifications issued to a participant who is also the Continuing Education Coordinator for the unit must be cosigned by another LCDC who can verify that person's satisfactory completion of the workshop.

18. Instructors teaching approved continuing education courses shall have the following minimum qualifications:

    a) Qualified credentialed counselors;
    b) individuals with at least a master's degree in the subject area; and/or

c) individuals with documented education and experience generally recognized as providing expertise in the subject;
d) individuals who are licensed, registered, or certified in the subject area.

19. TCBAP Standards Committee must be notified of any course that will award credit under a TCBAP provider number thirty (30) days prior to the beginning of the course. The notification must arrive thirty (30) days prior to the course offering. It may be faxed. Providers may submit no more than five (5) late class notices within a one (1) year period.

20. Changes to the 30-Day Notification Form may be made by sending a copy of the original notice with the changes clearly noted. The word **"AMENDED"** and the date should be clearly written across the top of the notice. Changes may be made with less than thirty- (30) days notice as long as the original notice was submitted on time.
Corrections MANAGEMENT MUST BE NOTIFIED REGARDING ANY CHANGES.

21. CE hours may be approved by the Continuing Education Coordinator and Center Director for unit-specific course needs. All TCBAP standards must be strictly adhered to, with the 30-day notifications arriving at the Standards Committee of TCBAP at least 30 days prior to the course offering. A copy of the Instructor's resume and approved course outline must be sent to Corrections Management prior to the course offering.

TITLE: CLINICAL TRAINING INSTITUTE

EFFECTIVE DATE: December 2, 1999

REVISION DATE: January 6, 2004; September 1, 2004

Standard of Care §150.123 & §150.124

Policy:

Each Gateway Foundation Texas facility shall be a certified Clinical Training Institute (CTI). The Corrections Management Office will initiate application for and renewals of certification from the Commission. Each unit shall also appoint a CTI Coordinator. The CTI Coordinator shall be responsible for ensuring compliance with Commission standards governing the CTI.

Procedure:

1. The CTI shall provide activities in an array of the KSA domains, including assessment and counseling.

2. The CTI shall notify the Commission in writing within 30 days of any changes from the information submitted on the initial or renewal application. This includes:

   a) Change in the CTI Coordinator
   b) Change in the organization's name or mailing address; and,
   c) Closure of the training program.

3. The CTI will appoint a single training coordinator who is a qualified credentialed counselor (QCC). The training coordinator shall oversee all training activities and ensure compliance with commission requirements and rules.

4. The CTI shall establish admission criteria. No applicant shall be admitted without::

   a) Documentation that the applicant is registered with the Commission; and,
   b) A signed ethics agreement, which is consistent with the LCDC Ethical Standards in § 150.121.

5. The CTI shall establish a level system to classify interns according to hours of supervised work experienced. (See Policy # 204)

6. Gateway Help Is Possible will employ interns at all levels of supervision. The CTI shall designate each intern's level in writing and provide the intern with a copy of the documentation.

7. All interns will be under the direct supervision of a QCC as described in §150.125 (See Policy #204)

8. As a CTI, Gateway Help Is Possible will utilize the KSA curricula to prepare interns for the licensing exam. In addition, Gateway Help Is Possible ***may*** provide a Clinical Training Program that could include written and oral exam preparation, a review of the 12 core functions, KSA(s) and details on finalizing the case presentation. Any exam preparation courses other than the required KSA curricula are ***optional.***

TITLE: CLINICAL TRAINING PROGRAM FOR COUNSELOR INTERNS

EFFECTIVE DATE: December 2, 1999

REVISION DATE: October 22, 2003

Policy:

Gateway Foundation is committed to having our employees successfully acquire their license within the required parameters. We, therefore, expect our Counselor Interns to rigorously pursue a course of study that will ensure success. To that end, Gateway has developed a Clinical Training Program to assist in this process. The CTI Coordinator (or their designee) shall deliver the standard "Clinical Training Program for Counselor Interns as defined in this policy.

Procedure:

1. Counselor Interns are expected to participate in the Clinical Training course until passing the LCDC written and oral exams. All counselor intern(s) will participate in KSA (Knowledge, Skills and Attitudes) learning activities until acquiring licensure.

2. The CTI Coordinator (or their designee) will provide a detailed orientation of the Clinical Training Program to all Counselor Interns. New employees will be oriented during their orientation process.

3. While the CTI Coordinator will be responsible for providing the Clinical Training Program, they will not be responsible for managing any concerns surrounding an individual's participation (or lack of). These concerns are of a managerial nature and will be handled by the immediate supervisor as a performance issue. The CTI Coordinator will report any such concerns to the immediate Clinical Supervisor.

4. The Clinical Training Program will:

   a. Be offered for twelve (12) weeks prior to the LCDC exams two times per year. Students' sign-in on the sign-in sheet each week (see attached). CTI Coordinator will maintain records of participation.

   b. Be conducted for a minimum of (1) hour each week.

   c. Be presented on each Gateway Unit.

d. Provide each participant with the Student Information Packet discussed in the "Overview of the Standard Counselor Training Program Outline".

e. Coach Counselor Interns in the pre-registration and registration process.

f. Provide course content that will include written and oral exam preparation, a review of the 12 core functions, KSA(s) and details on finalizing the case presentation. The course content will minimally adhere to the Standard Outline provided as an attachment to this policy. Methods of course developments are also included.

g. Maintain a sufficient supply of training materials (with a check-in and check-out procedure) for those materials that are to be returned to the CTI Coordinator. Gateway materials will include:

   a. *Global Criteria – The 12 Core Functions of the Substance Abuse Counselor*
   b. *Guide to the Written Examination Process*
   c. *TCADA Candidate Guide (Sample Copy)*
   d. *Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice*

h. Include didactic lectures, experiential exercises, student participation, and assigned homework

i. Award Certificates of Completion after participants successfully complete the entire course including all assignments (see attached sample). A copy of the certificate will be placed in their personnel record.

j. Have students complete an evaluation of the course at the twelve-week mark (see attached sample). The Course Evaluation will be submitted to the Director for review.

k. The CTI Coordinator will maintain a statistical summary of course participation and pass/fail data following each testing cycle. Those statistics will be submitted to the Director semi-annually (in April and October). See attached format for details.

l. To assure quality improvement, the Director will analyze the Course Evaluations, review the statistical data, and meet with those testing to formalize written recommendations for course improvement.

m. Recommendations will be reviewed semiannually with the CTI Coordinator and submitted to the Regional Director. This Quality Improvement Information

(including written recommendations) will be maintained by the Director and reviewed during the Annual Internal Audit.

TITLE: CROSS TRAINING

EFFECTIVE DATE: December 1, 1994

REVISION DATE: March 4, 2001; September 1, 2004

Policy:

Gateway Foundation supports the cross training of employees to ensure development of their skills, knowledge and understanding of their job functions. Cross training assists Gateway in providing successful and quality services to our clients at all times.

Procedure:

1. All staff members will be given the opportunity to learn the responsibilities of other non-supervisory job functions.

2. The Center Director will allow employees to be cross-trained in the duties of other non-supervisory job responsibilities.

3. Supervisors are to be knowledgeable about the positions they directly supervise and be trained in the job duties of other supervisory positions.

4. Gateway will also offer Supervisory Development Training for non-supervisory employees to prepare them for future supervisory positions.

Gateway Foundation

GFI Services/Response to Referral

_____ was referred to your agency on_____. Please fax this response at your earliest convenience to 314-421-5994, Attn. _____. Thank you for your time in this matter.

___ Client showed for his/her intake appointment. The client's schedule at (agency)_____ will be (frequency/days/times)_____

___ Client was a no show for his/her intake appointment.

___Client has been re-scheduled for his/her intake appointment at (date/time)_____

___Other_____

Additional
Comments:_____
_____
_____
_____
_____
_____

GFI Services/Response to Referral

To: Agency: _____

Attention: _____

FAX: (_____)_____

The following client was referred to your agency:

Client: _____

ID# _____

Referral Date _____

Level of Care _____

*****Please let us know his/her status*****

_____Client came to his/her intake appointment. The client's weekly outpatient schedule will be (frequency/days/times)_____

_____

_____

_____Client did not attend his/her intake appointment.

_____Client has been re-scheduled for his/her intake appointment:

Date: _____, Time: _____

Additional Comments:_____

_____

_____

PLEASE FAX RESPONSE TO:

GFI Services, St. Louis Outpatient program
1430 Olive Suite 300 St. Louis, MO 63102
Fax: 314-421-5994 Phone: 314-421-6188

Attachment J – Treatment Referral Form (DOC Clients)

Missouri Department of Corrections
COMMUNITY SERVICES TREATMENT REFERRAL FORM

Provider Name:			
Client Name:			MDOC#:
DOB:	SSN:		Supervision Expiration Date:
Client Address			Phone:
			Alternate Phone:
			e-mail:
Other contact:			Phone:
Client Employer:			Phone:
Hours of work/school:			
Insurance: ___Medicaid ___Medicare ___HMO ___Private ___None			

Other service providers or state agencies currently providing services for client:

Provider/Agency	Contact Person	Phone	e-mail

1. Statement of problem or reason for referral *(attach additional page or other documentation if needed)*:

2. History of prior problems and treatment, including for Co-Occurring Disorders *(attach additional page or other documentation if needed)*:

3. Current medications:

4. Known medical conditions:

Services are covered under contract:

Check one: ___ ADA Primary Recovery + (Outpatient)
___ Free & Clean Program
___ Education Program (St. Louis only)
___ PCR Program
___ Oher (specify)_____

Services requested:
___ Substance Abuse assessment and treatment

Services are <u>not</u> covered under an Offender Service contract:

Services requested:
___ Substance Abuse education
___ Substance Abuse assessment only
___ Substance Abuse assessment and treatment
___ Mental Health Treatment
___ Anger Management
___ REACT
___ Other (describe):

Referring DOC Staff *(print or type)*:			Phone:
Staff e-mail address:			Referral Source (Check one)
Referring District or Facility:			DOC Institutional Treatment Program
Address of Referring District or Facility			District Probation and Parole
			DOC Transitional Housing Unit
			Other (Specify):

_____ _____
Signature of Referring Staff Today's date

(Revised 7/1/08)

Resume
Michael J. Darcy

1985 to Present	**President & CEO, Gateway Foundation, Inc.** Appointed by the Board of Directors in 1985 to lead the agency. Executive responsibilities for the day to day affairs of a $60,000,000 not for profit organization that delivers substance abuse treatment to 8,000 clients daily in 40 treatment centers through out the USA.
1978 to 1984	**Executive Director, Gateway Foundation, Inc.** Reporting to the President. Functioned as the Chief Operating Officer overseeing the Directors of Outpatient Services, Residential Services, Finance, Human Resources, and Research. Managed an annual budget of $3,000,000.
1973 - 1977	**Program Director, Gateway Foundation, Inc** Reporting to the President and responsible for two outpatient and three residential centers. Managed annual budget of $1,000,000.
1969 – 1972	**Treatment Center Director, Gateway Foundation, Inc.** Start up Center Director for three residential and one outpatient center over a three-year period serving different geographies throughout Illinois. Responsible for all site operations, clinical functions and community relations.

Education

- Roosevelt University, Chicago, Illinois - Bachelor General Studies
- Kellogg Graduate School of Business, Northwestern University, Evanston, Illinois - Master of Management (MBA)

Other activities:

- Served on the Board of a national and state provider association
- Served on a number state government committees dealing with alcohol and other drug abuse policy issues
- Served on the Board of the Chicago Housing Authority

MICHAEL GINIGER

9851 Meadowglen Lane, Apt. 6
Houston, Texas 77042
713-922-8665 (cell)
713-592-8211 ext. 14 (work)

EXPERIENCE

1994 - PRESENT
GATEWAY
FOUNDATION, INC.

Vice President, Corrections Division

- Oversee, monitor, and direct activities and performance of treatment correctional facilities in multiple states.
- Ensures the quality of care to clients, maintain compliance with contracts, as well as licensure and accreditation standards.
- Ensures constant promotion of Gateway to appropriate correctional and state agencies.
- Key player in the development of the Texas Criminal Justice Treatment Initiative and worked closely with the Winner's Circle Self Help Network to assist men and women re-entering the community.
- Key player in Gateway's growth into new states and a prominent leader in starting up new programs and creating transition programs of existing programs from other vendors.
- Ensures the adherence to budgetary and sound fiscal requirements and promotion of prudent human resource practices.
- Advises the President of significant changes within the correctional institution's culture, and develops new plans and strategies for Gateway to acquire new business opportunities.

GATEWAY FOUNDATION, INC.

Regional Director

- Managed the clinical and administrative operations of Gateway's Correctional And Community based programs in Texas, New Jersey, Missouri, Kansas, Illinois and Arizona.
- Responsible for establishing, implementing and maintaining policies and procedures for new and existing facilities, as well as, supervision of all the Facility Directors.
- Ensure the management of contractual obligations and budget preparation for new and existing units.
- Enhanced relationships with correctional staff and funding sources.

1988 – 1994

PARKSIDE MEDICAL SERVICES CORP.

Program Director

- Responsible for the operations and management of full continuum of care for Adults and Adolescents.
- Facilitated transition to Dual Diagnosis programs for Youth patients.
- Implemented ASAM Criteria and implemented more individualized programming reflective of the shorterlengths of stay in all levels of care.
- Responsible for JCAHO preparation.
- Responsible for re-opening of significant referral sources.
- Served as a liaison with Medical Center and the community at large.
- Developed an Alumni Association

Director of AODA Services

- Responsible for direction and management of all aspects of Inpatient, Day Treatment and Outpatient Substance Abuse programs in a 541 bed teaching hospital
- Responsible for the development and implementation of the budget and the assurance of fiscal solvency of the programs.
- Coordinated the management of HMO capitated contracts.
- Guided program through tis first JCAHO survey, with no contingencies.
- Developed and implemented full continuum of care.
- Opened new referral networks.
- Team leader of Center of Excellence (COE)
- Developed and coordinated the implementation of the annual Business plans for COE.
- Developed programs responsive to the Managed Healthcare environment while ensuring quality patient care.

1977 – 1988

DEPAUL HEALTH SYSTEMS

- **Program Director**
- **Rehabilitation Supervisor**
- **Chemical Dependency Counselor**

EDUCATION

- LaSalle University - B.S., Health Services Management
- 1974-1977 - Daytop Village Counselor Training Program
- 1970-1971 - New School for Social Research – New York City, NY
- 1965-1968 - University of Wisconsin – Madison, WI

PROFESSIONAL AFFILIATIONS

- 2006 – Present Board of Directors, Therapeutic Communities of America
- 2000 – 2006 Board of Directors, Texas Association Substance Abuse Programs
- 1988 – Present Member, American College of Addiction Treatment Administrators (ACATA)
- 1988 – 1991 Board of Directors, National Association of Addiction Treatment Providers (NAATP)

LICENSES AND CERTIFICATIONS

- 1992 – Present Licensed Chemical Dependency Counselor (LCDW) Texas
- 1990 – Present Internationally Certified Alcohol and Drug Counselor
- Certified Criminal Justice Professional

MARTHA A. YOUNT
102 Bishop Quarter Lane
Oak Park, Illinois 60302
(708) 383-7735

SUMMARY

Extensive human resources experience in designing and implementing cost-effective human resources programs to reinforce the organization's mission, strategic plan, and operating goals.

EXPERIENCE

1994 to Present

GATEWAY FOUNDATION, INC., Chicago, Illinois
Provides direction for human resources programs for a behavioral health care organization with 1000 employees in five states

Vice President, Human Resources

- Develops human resources strategic plan, integrating human resources strategy with organization's mission, goals and objectives.
- Plans, directs and evaluates human resources policies and programs to ensure organization's current and future needs are met. Oversight responsibilities encompass compensation, benefits, employee relations, recruiting, employment, training and development.

1987 to 1993

THE UNIVERSITY OF CHICAGO MEDICAL CENTER, Chicago, Illinois
A 637 bed acute-care teaching and research-based medical center with 4700 employees

Assistant Director, Human Resources
Provided direction for a staff of 12 and controlled a $34 million benefits budget.

- Developed performance-based compensation and appraisal programs.
- Formulated and proposed wage increase strategies for 2400 employees covered by collective bargaining agreements.
- Established benefits function after the Hospitals were separated from the University resulting in a 10% decrease in benefits costs.
- Developed and implemented self-insured health plan to encourage employees, through plan design, to use Hospitals' facilities which resulted in retention of 38% of inpatient and 78% of outpatient care dollars.
- Selected and installed customized human resources information system; designed telephone-based automated time and attendance system ensuring greater accuracy in timekeeping.

1985 to 1987 **REHABILITATION INSTITUTE OF CHICAGO, Chicago, Illinois**
A 176 bed rehabilitation hospital with 900 employees.

Compensation and Benefits Manager

- Developed and implemented performance-based compensation program resulting in new merit increase, performance planning and appraisal systems for management and staff jobs.
- Managed employee benefit plans including health, life, dental, disability and retirement.

1976 to 1985 **BAYLOR UNIVERSITY MEDICAL CENTER, Dallas, Texas**
A 1069 bed acute-care teaching hospital with 5100 employees.

Assistant Director, Human Resources

- Developed, implemented, and managed corporate-wide, performance-based wage and salary program.
- Researched, designed, and implemented corporate-wide self-insured health plan.

EDUCATION

Master of Business Administration, The University of North Texas, Denton, Texas
Bachelor of Business Administration, The University of North Texas, Denton, Texas

GEORGE R. VARGAS, CPA

5838 N. Kolmar Avenue
Chicago, Illinois 60646
773-283-3368

EXPERIENCE

1999 - Present **Gateway Foundation, Inc.** Chicago, IL
Vice President, Finance

- Oversee, monitor, and direct activities and performance of division directors and managers, and their assigned staff.
- Oversee and monitor activities of related to budgeting, accounting, accounts payable, accounts receivable and financial reporting.
- Directs the formulation and implementation of overall organization finance-related policies, goals and objectives.
- Develop secure approval of and implement goals, objectives, plans and budgets for finance division functions and activities.
- Ensure all financial practices, systems, activities and records are in compliance with applicable government and regulatory requirements, as well as, funding sources standards and obligations.
- Ensures availability of financial resources to meet organizations current and future needs through oversight and management of organization's investments, liabilities, assets and receivables.
- Advises President of significant changes in various factors such as markets, tax laws, regulatory environment, revenues, and costs that effect overall financial plans and strategies of the organization.
- Responsible for Fiscal Oversight of all Contracts including all Corrections Division in-custody treatment services across the Division. This includes over $20 million dollars in revenue from:
  - eight contracts in nine institutions (4,333 beds) with the Texas Department of Criminal Justice;
  - one contract for eight institutions (1,418 beds) with the New Jersey Department of Corrections; and,
  - two contracts in three institutions (564 beds) with the Missouri Department of Corrections.

1997 - 1999 **Kemper Insurance Companies** Long Grove, IL

Senior Business Systems Analyst

- Member of a project team responsible for implementing the Oracle suite of applications including general ledger, accounts payable, purchasing, budgeting and cost allocation.
- Provided assessment and counsel to the Project Director on various project planning, management and implementation.
- Provided training, direction and guidance to various staff and consultants in the performance of current and future process analyses.
- Coordinated and participated in technical and functional analyses and mapping of more than 40 legacy system interfaces to the general ledger.
- Coordinated and developed the cost benefit analysis and business case leading to executive approval and funding of the project.
- Served as a liaison between the Internal Audit Department and Project Management and coordinated Internal Audit participation in reviews of project deliverables.

1996 - 1997 **Gateway Foundation, Inc.** Chicago, IL

Director of General Accounting

- Supervised the daily activities of a staff of eight Senior and Staff Accountants.
- Managed financial reporting activities and monthly general ledger closings.
- Restructured and organized the accounting department.
- Supervised preparation for year-end audits; coordinated activities with auditors; reduced audit effort and financial statement preparation by four months.
- Directed the aspect of the information system conversion tasks pertaining to the identification of system functionalities and their application to current accounting practices.
- Developed new accounting procedures and financial reporting specifications as required by the system conversion.
- Designed and built external governmental financial reporting processes reducing report preparation time by three months.

1992 Northeastern Illinois University Chicago, IL
- B.S., Computer Science-Business Data Processing
- Graduated Magna Cum Laude

1980 Northeastern Illinois University Chicago, IL
- B.A., Business and Management - Accounting

PROFESSIONAL EDUCATION

1997 – 1998 Oracle Financial Applications Software

- General Ledger
- Accounts Payable
- Financial Analyzer
- *Oracle Tutor* overview of user documentation software

Project Planning and Management
- Application Implementation Methodology
- Project Workbench Project Planning and Tracking software

Computer Bases Instruction
- Client/Server Concept
- Microsoft NT functional and architecture overview

1996 and Prior
- Various information systems audit, security and control; financial and operational auditing continuing professional education courses

CERTIFICATIONS

1996 Certified Information Systems Auditor (CISA)

1984 Certified Public Accountant

Daniel P. Molitor
Vice President, Information Services

Mr. Molitor is responsible for strategy and operations of organization-wide data, voice & project management information systems and support. He has over 19 years of progressive information systems-related experience. He plans, directs, manages systems and personnel, develops, updates and secures approval of the IS Strategic plan, capital and operational budgets, IS policies and procedures and participates in administrative operations including acquisitions & mergers. He is a member of the executive management team responsible for welfare of the agency and its interests.

Prior to Gateway, Mr. Molitor worked for major not-for-profit social service organization based in Illinois. His responsibilities included voice, data, applications and support of 120 locations throughout Illinois and a $4 million information systems budget. He has been an instructor for both Governors State University and South Suburban College in Illinois. He has also owned, operated and managed a successful restaurant business for ten years.

Mr. Molitor received a MBA in Management Information Systems from Governors State University.

REBECCA DOUGLAS
14439 Andrea Way Lane
Houston, Texas 77083

(H) 281.933.3985
(C) 832-725-4071
E-mail: beckyd@houston.rr.com

PROFESSIONAL SUMMARY

More than 15 years of professional administrative management experience with consistently increasing responsibilities and accountability. A history of successes motivating and developing productive work teams, persuading governing bodies to reconsider positions, and designing and restructuring work processes for effective and efficient completion of projects.

BACKGROUND SUMMARY

- System / Process Analysis & Improvement
- Successful Team Building / Maintenance
- Quality Assurance / Quality Control
- Needs Assessment / Evaluation
- Licensure Regulatory Compliance / Interface
- Personnel Retention / Turnover Reduction
- Synthesize Complex Information
- Effective Presentations to Groups

SUMMARY OF PROFESSIONAL CONTRIBUTIONS

Manager with experience in new program development; restructuring and redesign of marginal programs. Successful development and implementation of all aspects of "start-up" program.

Results-oriented organizer and supervisor of quality management programs. Capable of quick evaluation, establishment of goals, development of processes, attainment of objectives.

Accomplished and effective presenter of organization / agency positions. Proficient at sorting and compiling data into persuasive position papers and oral presentations, resulting in changing and / or re-evaluation systems saving the company substantial costs.

Proven team-builder able to motivate and develop cohesive, productive work team. Extensive experience evaluating and hiring quality staff. Skilled at restoring non-productive staff by implementing structure and practical work processes, providing training, discipline, and support.

EMPLOYMENT SUMMARY

GATEWAY FOUNDATION- Quality Management Coordinator	**Oct. 2003—Present**
THE WATERSHED AT CLEAR LAKE-Interim Program Director	**Oct. 2002—June 2003**
TENET HEALTH CARE- Director of Psychiatric Services	**Sept. 2001—Oct. 2002**
GATEWAY FOUNDATION- Area Director	**Dec. 1998—Sept. 2001**
NEXUS RECOVERY CENTER- Director of Clinical Services	**Aug. 1997—Nov. 1998**
TENET HEALTH CARE- Director of Psychiatric & Chemical Dependency Programs	**Feb. 1995—Aug. 1997**
RICELAND REGIONAL MENTAL HEALTH AUTHORITY- Program Manager	**Jan. 1992—Jan. 1995**
OTHER EXPERIENCE-- **Alvin Community College**--Adjunct Instructor	**Fall-- 2003**

EDUCATION

Master of Arts–Houston Baptist University
Bachelor of Arts–University of Houston

CREDENTIALS

Licensed Professional Counselor (LPC)
Licensed Chemical Dependency Counselor (LCDC)
Certified LPC Supervisor

GREGORY S. DOCKINS
CURRICULUM VITA

Work Address:
55 East Jackson Blvd.
Suite 1500
Chicago, IL 60604
Phone: (312) 913-2321
Mobile: (815) 579-2701
Email. gdockins@gatewayfoundation.org

Present Address:
711 11th Street
La Salle, IL 61301

Phone: (815) 220-8185
Cell: (214) 912-3731
Email: g.dockins@insightbb.com

Education

1993-1998	**University of Texas at Arlington, Arlington, Texas** Completed coursework toward M.A. in Sociology.
Spring 1992	**Texas Tech University, Lubbock, Texas** Attended master's program in family studies.
1985-1988	**Wayland Baptist University, Plainview, Texas** B.A., completed December 1988, awarded May 1989. Double Major: Psychology/English Overall G.P.A.: 3.70 on 4.0 scale, Magna cum Laude.

Bilingual/Bicultural

Having lived in South America during my childhood, Mr. Dockins acquired many elements of the Latin culture and developed fluency, both written and spoken, of the Spanish language. It enables him to overcome communication barriers in both clinical and administrative environments that involve the Spanish language.

Professional Affiliations/Licenses

Licensed Chemical Dependency Counselor--licensed as LCDC by the Texas Department of State Health Services. License #4327, issued June 1, 1992; currently renewed through June of 2007.
Certified Criminal Justice Addiction Professional—ICRC reciprocal criminal justice certification. Currently certified as CCJP in both Texas and Illinois through October, 2007.

Curricula/Publications/Presentations

Curricula:

- Criminal Justice Prevention Program--Social Skills Education Curriculum
- Adolescent Substance Abuse Program--Alcohol and Drug Education Curriculum

Publications:

- Dockins, G. (1997). Chemical Dependency: Is It a Disease or Symptom? In Analyzing Social Problems: Essays and Exercises, p. 171-175, D. Dunn & D. V. Waller, Eds. Upper Saddle River, New Jersey: Prentice Hall.
- Nguyen, W. H., and Dockins, G. S., (1994). Chemical Dependency Counseling and the Asian American. El Paso, TX: TEMSATI, Aliviane-NOAD.

Training/Staff Development:

- Gateway Foundation Texas; 2000 to present: TC trainer for Corrections Division.
- Austin, Texas; 1995 through 1998: Worked under contract with the Texas Commission on Alcohol and Drug Abuse. Presented various topics, including: Cultural Sensitivity; Adolescent Substance Abuse Treatment; Treating the Dually Diagnosed; etc.
- Lima, Peru; October 1997: Co-facilitated presentation of Therapeutic Community Treatment Skills through Daytop International, under contract by the U.S. State Department to provide clinical training for substance abuse treatment in 3rd world countries. Served as trainer and translator for the training team.

GREGORY S. DOCKINS
CURRICULUM VITA

Employment History

Director, Corrections Initiatives
Gateway Foundation, Inc.
55 East Jackson Boulevard
Suite 1500
Chicago, Illinois 60604
Dates of Employment:
10/06 to Present

Job duties include comprehensive program development functions and operational strategic planning for the Corrections Division. Serves as lead contact for new business opportunities; leads start-up teams during new contract acquisitions; administrative liaison for existing corrections contracts in Texas, New Jersey and Missouri Responsible for program expansion, Division and agency marketing functions; coordinates Corrections Division internal evaluation project; and, serves as liaison for Division consultants.

Program Director
Sheridan Correctional Center
Illinois Dept of Corrections
Gateway Foundation, Inc.
Sheridan, IL 61351
Dates of Employment:
06/05 to 10/06
(contract ended)

Job duties included complete program oversight for IDOC Sheridan Therapeutic Community, a 1,100 bed fully dedicated drug-treatment institution. Responsibilities included: development, implementation, and evaluation of program interventions; fiscal oversight; quality assurance; staff supervision; and, staff training and correctional officer cross-training on relevant clinical model (TC) and program activities. Key management functions included authorship of the **Integrated Standard Operating Procedure Manual** for the national model program. As Director for the Lead Vendor (Gateway), duties included responsibility for liaison and integration duties for entire correctional facility, ensuring that the entire institution was the therapeutic community—not just the treatment portion.

Center Director
Help Is Possible Project
Gateway Foundation, Inc.
723 South Peak Street
Dallas, Texas 75223
Dates of Employment:
04/00 to 06/05

Job duties include: complete program oversight, including: development, implementation, and evaluation of program interventions; fiscal oversight; quality assurance; staff supervision; staff training of relevant clinical skills and program activities; and, physical plant oversight and supervision.

- Managed contract with Texas Department of Criminal Justice, which provides treatment services to the corrections population released to community as transition from in-prison treatment facilities (SAFPF).
- Managed Care liaison with the NORTHSTAR project in the Dallas area. Worked to enhance the modified T.C. approach under the confines of the managed care environment.
- Project Director for CSAT HIV Project, which serves HIV+ and at-risk clients with co-morbid addictions to both legal and illicit substances. Responsible for planning, directing, and evaluating the 5-year award.

Program Director
Pine Mountain Facility
Daytop Village, Inc.
Rural Route 3, Box 3562
Palestine, Texas 75801
Dates of Employment:
12/95 to 04/00

Job duties include: complete program oversight, including: development, implementation, and evaluation of program interventions; quality assurance; staff supervision; staff training of relevant clinical skills and program activities; facilitate and lead community involvement, including local Advisory Board; and, physical plant oversight and supervision. Played key leadership role in making a programmatic transition from traditional Therapeutic Community Model to a Modified Managed-Care design.

Site Coordinator
Pleasant Grove Positive Directions
Dallas Challenge, Inc.
8012 Umphress Road
Dallas, Texas 75217
Dates of Employment:
02/95 to 12/95

Job duties included: program development, implementation, and evaluation; clinical supervision of Case Management staff; strategic program planning and reporting, including Quality Assurance functions; physical plant oversight and supervision; workshop/training presentations for staff and other community/professional groups; translation services for clinical interviews and assessments for monolingual Spanish-speaking clients; facilitate Advisory Board planning/activities; etc.

Employment History
(Continued)

Clinical Coordinator
East Dallas Counseling Center
4306 Bryan Street
Dallas, Texas 75204
Dates of Employment:
07/93 to 02/95

Job duties included: program development, implementation, and evaluation; staff supervision; community liaison; clinical duties, including individual/family/group counseling; and, fund-raising, grant-writing and grant management [Office of the Governor, Criminal Justice Division; Texas Commission on Alcohol and Drug Abuse, Juvenile TAIP/Target Cities].

Program Director
Chemical Dependency Program
River Terrace Psychiatric Hospital
and Treatment Center
233 W. 10th Street
Dallas, Texas 75208
Dates of Employment:
09/92 to 02/93

Job duties included: writing the policies and procedures for the entire treatment continuum, including inpatient detoxification, intensive residential, intensive outpatient, and supportive outpatient; serving as the liaison with the Texas Commission on Alcohol and Drug Abuse, obtaining the initial treatment license for the program; administrative duties over program start-up and implementation; clinical supervision; monitoring of program evaluation/efficacy through QA/CQI endeavors; and, general management responsibilities, as per JCAHO accreditation requirements.

Multiple Positions
Central Plains Center for MHMR
and Substance Abuse
2700 Yonkers
Plainview, Texas 79072
Dates of Employment:
01/89 to 09/92

Upward mobility through the agency, from direct care clinical positions into program management positions, including the following:

- Coordinator, W.W. Allen Treatment Center & E.A.P. Program—served as administrator over 30-bed co-ed adult residential facility (11/90 to 09/92).
- Administrator, D.W.I. Education Program
- Staff Therapist, W.W. Allen Treatment Center
- Alcohol/Drug Education Counselor, Youth Substance Abuse Program

References

Available upon request made to the current work address and/or phone number(s).

Sara N. Scott
104 Angie Ct
Troy, Mo, 63379
Cell (636)290-5066
sara75scott@yahoo.com

Objective:

To be part of an organization that promotes personal growth and wellness for both staff and persons served.

Experience:

Gateway Foundation, WERDCC, Vandalia, MO
Program Director, WERDCC and NECC

- Oversee daily program operations of treatment programming at WERDCC and NECC
- Supervise Clinical Supervisors
- Maintain quality management for documentation for the programs
- Oversee program budgets of WERDCC and NECC

Gateway Foundation, WERDCC, Vandalia, MO
Clinical Supervisor, 8/09-10/10

- Manage a caseload, complete necessary documentation, provide group therapy, provide, individual therapy to caseload as needed, crisis intervention with individuals with co-occurring disorders in prison setting
- Supervise staff team of individuals providing counseling services
- Maintain quality management for documentation, and Therapeutic Community programming for the wing

Crider Health Center, Wentzville, MO
Senior Clubhouse Director, 2007-2009

- Worked with adults with co-occurring disorders in community setting
- Provided individual therapy and group therapy to individuals with co-occurring disorders as needed, as well as supervised staff providing these services
- Oversaw daily program operations of psychosocial rehabilitation clubhouses serving four county area
- Conducted staff supervision
- Provided fiscal management of program
- Participated in Total Quality Management

Crider Center For Mental Health, Wentzville, MO
Director of Headway Clubhouse, 2001-2007

- Oversaw program operations

- Provided services to individuals with both mental illness and substance abuse disorders
- Provided supervision to staff providing counseling and group counseling to individuals with co-occurring disorders
- Provided individual therapy and crisis intervention as needed
- Provided marketing and outreach for program in community

Crider Center For Mental Health, Wentzville, MO
Employment Coordinator, 1998-2001

- Supervised the employment program for psychosocial rehabilitation program
- Provided career and job placement individualized services for persons with co-occurring disorders
- Maintained CARF accreditation through documentation of services

Crider Center For Mental Health, Wentzville, MO
Employment Specialist, 1998

- Provided job assessment, development, and coaching services to adults with mental illness and co-occurring disorders
- Worked collaboratively with Vocational Rehabilitation for successful outcomes

Education:

Saint Louis University, St. Louis, MO
Master of Social Work 2001
GPA: 3.60

Columbia College, Columbia, MO
Bachelor of Social Work 1998
GPA: 3.962 Summa cum Laude

References:

Janet Snowden, MSW, LCSW, Quality Management Outcomes Manager
Crider Health Center (636) 332-6000

Jennifer Lee, MSW, LCSW, Vice President of Adult Services
Crider Health Center (636)33-8000

Lorri Bode, MS Elem, Ed, Kindergarten Teacher
Heritage Elementary (636)528-8956

Jamie Bryan, Associate Interior Design
Property Manager, (636) 379-9448

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Corrections Director **FLSA STATUS:** Exempt

GENERAL SUMMARY:

Responsible for planning, organizing, directing and controlling the management and delivery of quality client services and related administrative and support activities, within a defined substance abuse treatment program. In doing so, reviews clinical treatment activities, results and documentation; and ensures compliance with program and Foundation standards and objectives, and applicable contracts and regulations. Participates in developing program budgets, goals, and policies; and ensures effective implementation and administration of same.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Plans and directs through subordinate supervisory personnel, the effective management and delivery of quality clinical services for a defined residential, corrections, or outpatient substance abuse treatment program.

2. Oversees and directs program activities and staff related to administrative support, record keeping, billing and financial reporting. May oversee and direct service and maintenance.

3. Interviews, hires, oversees the training and development of, schedules, assigns work to, evaluates the performance of and, when necessary, disciplines and discharges subordinate supervisors. Approves recommendations of subordinate managers and supervisors in evaluating and disciplining employees, and ensures continued compliance with established personnel policies and achievement of objectives for professional growth and development of staff. Responsible for verifying credentials and qualifications of independent contractors.

4. Establishes and implements appropriate service delivery system for treatment program. Promotes continuous improvement in methods of delivery of treatment and services, by revising and developing program standards, implementing appropriate corrective actions to resolve discrepancies, and ensuring adherence to contracts, regulations and license requirements.

5. Develops program budget projections; monitors and approves expenditures; and initiates corrective actions to resolve variances. Reviews financial reports including contract utilization and income and expenses to ensure accuracy and budgetary and contractual compliance.

6. Prepares regular and special reports or analyses on financial status and program results and activities, for review and use by managers and executives in planning and evaluating program activities, services, and results.

7. Participates in developing program goals and objectives, and designs and implements appropriate plans to meet agreed-upon goals. Assists subordinate supervisors in developing and meeting appropriate goals and objectives for their areas of responsibility.

8. Conducts meetings with program staff to review goals, objectives, routine and special activities, and short- and long-term plans. Participates in regional meetings with other directors to exchange ideas, evaluate operations, and develop policies.

First Draft: 06/02/08
Approved: 12/08/08
Revised: 12/08/08

9. Periodically reviews client treatment plans with subordinate managers and supervisors to ensure quality and continuity of care. Ensures level and quantity of services provided adhere to applicable contractual obligations. Randomly audits client documentation to ensure record-keeping system complies with all governmental regulations and standards.

10. Maintains and fosters positive public relations by attending local meetings and participating in community functions. Serves as program liaison, and reinforces sound working relationships with funding agency representatives, local agencies and organizations. Where applicable, supports community outreach through such activities as conducting tours and speaking at events.

11. Serves as professional resource to subordinates in resolving clinical treatment or administrative problems. Investigates problems and concerns, and initiates appropriate corrective actions.

12. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on internal and external committees as assigned.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Knowledge of management theories and practices, including basic accounting and marketing, and ability to plan and oversee program administration, at a level normally acquired through completion of a Bachelor's degree in business, health administration, or related field. (See employment guidelines for assigned program requirements. A Master's degree in health services administration, mental health or related field may be required).

2. In-depth knowledge of counseling treatment practices and philosophies in order to plan, oversee and evaluate clinical activities; at a level normally acquired through five to seven years progressively more responsible, related experience in the substance abuse field, with at least three years concurrent supervisory experience. Minimum two years treatment experience, and knowledge of up-to-date techniques and modalities and case management within assigned program required.

3. High level of communication skills necessary to lead and motivate assigned staff; develop and maintain cooperative working relationships with correctional personnel and funding agency representatives, and prepare complex reports and correspondence, and formal presentations.

4. High level problem solving and analytical abilities necessary to oversee and direct the work of others, investigate and resolve conflicts and deficiencies, develop goals and objectives, and devise policies and procedures.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide supervision.

2. Ability to record and proofread information on forms and charts.

3. Ability to respond to telephones and pages and hear speech.

4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Regional/State Director.

2. Responsible for overseeing three to five supervisors or managers, and leading and following-up on the work of up to fifty employees.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.

2. May work in a corrections facility where there is exposure to potentially disruptive inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
Name	Title	Date
Name	Human Resources	Date

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Clinical Supervisor **FLSA STATUS:** Exempt

GENERAL SUMMARY:

Responsible for providing direct supervision to Counselors and other clinical staff delivering developmentally appropriate client treatment. Oversees client services and ensures compliance with established program standards and service delivery objectives. Audits client records. Assists in interviewing, selecting, evaluating, scheduling and disciplining assigned staff. Responsible for orienting and training staff. Serves as resource to assigned staff in identifying and resolving complex case problems. Interprets and enforces area policies and procedures, and initiates corrective actions. Assumes client caseload in response to work load or staffing shortages.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Provides direct supervision to Counselors and other clinical staff involved in delivering individualized client treatment that addresses developmental and maturation levels. Oversees assigned treatment program activities, operations and delivery of services; and ensures client needs and contractual obligations for quality and quantity of care are met.

2. Oversees client services by reviewing all client treatment and discharge plans, conducting client case reviews to ensure consistent and timely treatment, and, where applicable, approving client learning experiences and privileges or restrictions. Reviews compliance with established program standards, and adherence to group schedules and formats. Redirects or motivates counselors to meet service delivery objectives and compliance standards, or initiates corrective actions.

3. Responsible for auditing client records and documentation to ensure same is timely, accurate, complete and in accordance with regulatory and accreditation guidelines, and funding agency requirements. Authorizes or signs off client admissions and discharges.

4. Assists with staff selection and retention by interviewing, selecting, evaluating the performance of, and recommending disciplinary action, up to and including discharge. Responsible for recommending work and time off schedules for assigned staff, and completing caseload assignments, to ensure optimal clinical operations.

5. Responsible for promoting professional growth, and the development of clinical skills among assigned staff, by planning and scheduling in-services and workshops, motivating active participation and involvement by staff, documenting education activities and results, and so forth.

6. Meets regularly with assigned staff, in groups or individually, in order to plan and evaluate client treatments, review caseload progress, and determine appropriateness of continuation or modification of treatment. Serves as resource to staff in resolving complex case problems, and performing crises interventions.

7. Interprets and enforces Gateway, treatment program, and funding agency policies and procedures, and orients clients and staff to facility rules and regulations. Investigates client, staff or employee incidents and concerns, documents findings, and takes necessary immediate corrective action. Notifies supervisor and/or funding agency representatives of unusually complex or sensitive enforcement situations.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

8. Oversees discharge planning for clients during course of treatment. Ensures community referral sources are used effectively as aftercare services to discharged clients.

9. Performs related supervisory or administrative duties such as assisting in developing and refining area policies and procedures; maintaining up to date procedures manual; performing on-call or staff on duty responsibilities as required; assisting with budget planning and expenditure approvals as needed; and completing various special reports and memos regarding program results and activities, and recommendations to improve program quality and effectiveness.

10. Directs individual, group and, where applicable, family counseling sessions; and assumes client caseload as necessary in response to workload or staffing shortages, and to maintain quality and continuity of care within assigned center. Assumes responsibilities of supervisor in his/her absence and as requested.

11. Maintains and fosters cooperative working relationships with funding or contracting agencies, current and potential referral resources and services, community organizations, and criminal justice and social services agencies. May conduct formal community presentations on disease of addiction and treatment, and/or provide court testimony.

12. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Serves on various internal and external committees, such as Utilization Review, as assigned.

13. Participates in performance improvement activities as appropriate.

MISA clients:

13. Ensures clients exhibiting MISA symptomalogy are appropriately referred to Mental Health Professionals, counseling is conducted in accordance with both program and MISA guidelines, and MISA-specific case management is provided to clients; and evaluates and confirms Counselor competency to perform MISA-specific responsibilities.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.

2. Ability to supervise and monitor assessments, treatment planning, and counseling; serve as resource in resolving complex case problems; and participate in scheduling and evaluating the work of others; at a level normally acquired through three to five years prior experience in substance abuse field, with at least twelve hours supervisory training. Minimum six months treatment experience, and knowledge of up to date techniques and modalities, and case management, within assigned treatment program (adult residential, corrections, outpatient, or youth care) required.

3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

    - Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery

process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.

- Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.

- Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.

4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. (See employment guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)

5. Advanced interpersonal skills necessary to oversee and motivate others; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with client family members; and maintain effective contacts with outside agencies and referral sources or services.

6. Analytical and problem solving abilities necessary to plan and schedule the work of others, resolve conflicts, conduct comprehensive assessments, prepare and evaluate treatment plans, provide counseling and case management, and complete progress evaluations and related reports.

7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.

2. Ability to record and proofread information on forms and charts.

3. Ability to respond to telephones and pages, and hear speech.

4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Assistant Director/Center Director.

2. Responsible for leading and following-up on the work of four to eight clinical staff employees.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.

2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
	VP Community Services	11/30/01
	VP Correction Services	11/30/01
	VP Human Resources	11/30/01
Name	Human Resources	Date

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Counselor Supervisor **FLSA STATUS:** Exempt

GENERAL SUMMARY:

In addition to regularly performing duties of Counselor II (for 60% or more of work time), supervises up to three Counselors, and guides and directs activities and operations of assigned treatment program. Plans and schedules work time and caseload for assigned staff, and audits client records and documentation. Responsible for orienting, training and developing assigned staff. Assists in developing area policies and procedures, and interprets and enforces same. Serves as resource to assigned staff in identifying and resolving complex case problems.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Regularly performs duties of Counselor II (for 60% or more of work time), which includes: completing comprehensive assessments, preparing individualized developmentally appropriate treatment plans, conducting individual and group counseling sessions, and documenting treatment activities and clients' responses.

2. Supervises small group of Counselors (up to three), and guides and directs activities and operations of assigned substance abuse treatment program. In doing so, ensures proper treatment planning and implementation, and client needs and contractual obligations for quantity and quality of care are met.

3. Responsible for planning and scheduling assigned Counselors' work, approving overtime and time-off, and making client caseload assignments, according to established guidelines. Ensures efficient and effective utilization of staff skills and resources in providing client treatment.

4. Responsible for auditing client records and documentation to ensure same is timely, accurate, and in accordance with regulatory and accreditation standards, and funding agency requirements. Authorizes or signs off client admissions and discharges.

5. Meets regularly with assigned staff, in groups or individually, in order to plan and evaluate client treatments, review caseload progress, and determine appropriateness of continuation or modification of treatment. Serves as resource to staff in resolving complex case problems, and performing crises interventions.

6. Responsible for orienting, training and developing assigned staff. Organizes, schedules, monitors, and documents educational or developmental activities and programs for assigned staff.

7. Assists in interviewing, and recommends hiring and performance evaluations of assigned staff. Participates in counseling employees regarding work performance and expectations, advising them of consequences, and compiling disciplinary action documentation.

8. Assists in developing area policies and procedures, and maintains procedures manual. Interprets and enforces Gateway, treatment program, and funding agency policies and procedures. Investigates incidents, and potential staff or client violations; documents findings; and takes necessary immediate corrective action. Notifies supervisor of complex or sensitive enforcement situations.

First Draft: 00/00/00
Approved: 02/20/98
Revised :02/29/00

9. Serves as liaison with funding agency representatives in planning and evaluating program activities, results and plans. Maintains cooperative working relationships in order to gather and exchange information, and resolve operational, enforcement, or clinical problems.

10. Completes various regular and special reports and memos regarding program results and activities, incident investigations and actions, recommendations to improve program quality and effectiveness, and so forth.

11. Maintains and enhances knowledge and expertise through appropriate educational and organizational activities. Participates in variety of clinical and administrative meetings with Gateway and/or funding agency staff and managers, in order to plan, evaluate and coordinate treatment program.

12. May conduct recruiting sessions and formal presentations to explain treatment program services and objectives to groups of inmates, and recruit potential clients. Screens potential clients for program re-entry.

13. Participates in performance improvement activities as appropriate.

MISA clients:

14. Ensures clients exhibiting MISA symptomalogy are appropriately referred to Mental Health Professionals, counseling is conducted in accordance with both program and MISA guidelines, and MISA-specific case management is provided to clients; and evaluates and confirms Counselor competency to perform MISA-specific responsibilities.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.

2. Ability to perform assessment, treatment planning, and counseling; provide intensive services for some complex cases; and plan, guide, oversee, and evaluate the work of others; at a level normally acquired through three to five years prior experience in substance abuse field.

3. Demonstrated skills and knowledge of the principles of growth and development for the client population; and is able to assess and interpret client data, identifying individual client needs and providing care appropriate to the developmental stage of the clients served.

4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in State of employment location. (See employment guidelines for State specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)

5. Advanced interpersonal skills necessary to oversee and motivate others; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with client family members; and maintain effective contacts with outside agencies and referral sources or services.

6. Analytical abilities necessary to plan and schedule the work of others, conduct comprehensive assessments, prepare and evaluate treatment plans, provide counseling and case management, and complete progress evaluations and related reports.

7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.
2. Ability to record and proofread information on forms and charts.
3. Ability to respond to telephones and pages, and hear speech.
4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Assistant Director/Center Director.
2. Responsible for leading and following-up on the work of one to three employees.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.
2. May work in corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

_____

Name Title Date

_____

Name Title Date

_____

Name Human Resources Date

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 00/00/00
Approved: 02/20/98
Revised :02/29/00

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Counselor I **FLSA STATUS:** Nonexempt

GENERAL SUMMARY:

Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Performs case management and contributes to client care monitoring. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Completes comprehensive assessment within program guidelines, and formulates diagnostic impression, by conducting client and/or family interviews, reviewing substance abuse and treatment history, conferring with staff and referral sources, and so forth.

2. Prepares individualized treatment plan, in accordance with established standards and deadlines, consistent with assessment, and in conjunction with client and supervisor; to include developmentally appropriate goals, interventions, necessary support or referral services, and so forth. Evaluates client response to treatment, and modifies treatment plan or recommends treatment extension as circumstances require.

3. Develops client discharge plans that integrate aftercare treatment, and utilization of appropriate referral resources. Coordinates discharge with court officers, social service agencies, or community organizations as appropriate or required.

4. Conducts individual counseling sessions with clients in accordance with treatment plan, or as necessary for crises intervention; to provide clients with feedback, support, or encouragement; or to address behaviors and attitudes, or family, social, or personal problems. Depending on site assigned, may provide individual employment or vocational counseling as well.

5. Prepares and conducts group counseling or therapeutic encounter sessions; facilitates discussion and interaction; and enables group members to understand and accept responsibility for recovery process, and acquire necessary coping and behavior management skills.

6. Prepares and conducts educational programs and lectures on scheduled topics related to disease of addiction, relapse prevention, life skills, problem solving, behavior modification, anger management, and so forth.

7. Documents treatment plans, narrative progress notes, interventions, treatments, evaluations, discharge summaries, treatment plan reviews, and so forth; and maintains client records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.

8. Maintains regular communications with client family members or guardians, probation or parole officers, case workers, court officers, insurance providers, and so forth; to relay reports on clients' progress in treatment. Prepares written reports and correspondence as necessary.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

9. Performs case management, and serves as client advocate, by obtaining, coordinating, and scheduling additional medical, dental or psychiatric treatments; or other legal, social service, educational, employment, or community organization services; as needed to support attainment and continuation of recovery. Maintains rapport with local community resources to ensure effective referral options and contacts.

10. Contributes to client care monitoring which requires regular reporting of caseload activities and results to supervisor, and participating in clinical staff meetings to review client progress and treatment plans, and recommend continuation or modification of treatment.

11. Attends job specific training sessions offered within and outside of organization to enhance job skills and knowledge. Develops and utilizes knowledge of federal and state rules and regulations governing confidentiality.

12. May be required to perform urine collection from clients for laboratory screening.

13. Participates in performance improvement activities as appropriate.

Residential Centers:

14. Performs on-call or staff on duty responsibilities as assigned. Monitors client behaviors during social, recreational or daily living activities; enforces house rules; initiates disciplinary actions or revocation of privileges; and provides crises intervention or conflict resolution as necessary. Initiates emergency call procedures as appropriate.

Corrections Sites:

15. Performs staff on duty responsibilities, ensuring effective operation of therapeutic community. Conducts dormitory inspections; initiates crises management and conflict resolution interventions; writes disciplinary tickets and incident reports; and notifies corrections staff of clients' disruptive behaviors, or potential threats to safety of others.

MISA clients:

16. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomalogy to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.

2. Ability to perform assessment, treatment planning, and counseling at a level normally acquired through six months prior experience in substance abuse field, and/or successful completion of in-house staff training program.

3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

- Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.

- Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.

- Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.

4. Current certification or qualification as an alcohol, drug, or substance abuse counselor or intern; as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)

5. Advanced interpersonal skills necessary to encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and maintain effective contacts with outside agencies and referral sources or services.

6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.

7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.

2. Ability to record and proofread information on forms and charts.

3. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Counselor Supervisor or Clinical Supervisor.

2. Has no responsibility for leading or supervising the work of others.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

JOB DESCRIPTION: Counselor I

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.

2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
	VP Community Services	11/30/01
	VP Correction Services	11/30/01
Human Resources	VP Human Resources	11/30/01

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Counselor II **FLSA STATUS:** Nonexempt

GENERAL SUMMARY:

Completes comprehensive assessment of clients' substance abuse history and treatment requirements, and prepares individualized developmentally appropriate treatment plan. Provides individual and group counseling, and educational programs in accordance with treatment plan. Documents treatment and discharge plans, and clients' progress and responses to treatments; and maintains related records and charts. Performs case management and contributes to client care monitoring. Caseload typically includes some complex cases requiring more intensive services. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Completes comprehensive assessment within program guidelines, and formulates diagnostic impression, by conducting client and/or family interviews, reviewing substance abuse and treatment history, conferring with staff and referral sources, and so forth.

2. Prepares individualized treatment plan, in accordance with established standards and deadlines, consistent with assessment, and in conjunction with client and supervisor; to include developmentally appropriate goals, interventions, necessary support or referral services, and so forth. Evaluates client response to treatment, and modifies treatment plan or recommends treatment extension as circumstances require.

3. Develops client discharge plans that integrate aftercare treatment, and utilization of appropriate referral resources. Coordinates discharge with court officers, social service agencies, or community organizations as appropriate or required.

4. Conducts individual counseling sessions with clients in accordance with treatment plan, or as necessary for crises intervention; to provide clients with feedback, support, or encouragement; or to address behaviors and attitudes, or family, social, or personal problems. Depending on site assigned, may provide individual employment or vocational counseling as well.

5. Prepares and conducts group counseling or therapeutic encounter sessions; facilitates discussion and interaction; and enables group members to understand and accept responsibility for recovery process, and acquire necessary coping and behavior management skills.

6. Prepares and conducts educational programs and lectures on scheduled topics related to disease of addiction, relapse prevention, life skills, problem solving, behavior modification, anger management, and so forth.

7. Documents treatment plans, narrative progress notes, interventions, treatments, evaluations, discharge summaries, treatment plan reviews, and so forth; and maintains client records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.

8. Maintains regular communications with client family members or guardians, probation or parole officers, case workers, court officers, insurance providers, and so forth; to relay reports on clients' progress in treatment. Prepares written reports and correspondence as necessary.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

9. Performs case management, and serves as client advocate, by obtaining, coordinating, and scheduling additional medical, dental or psychiatric treatments; or other legal, social service, educational, employment, or community organization services; as needed to support attainment and continuation of recovery. Maintains rapport with local community resources to ensure effective referral options and contacts.

10. Contributes to client care monitoring which requires regular reporting of caseload activities and results to supervisor, and participating in clinical staff meetings to review client progress and treatment plans, and recommend continuation or modification of treatment.

11. Attends job specific training sessions offered within and outside of organization to enhance job skills and knowledge. Develops and utilizes knowledge of federal and state rules and regulations governing confidentiality.

12. May be required to perform urine collection from clients for laboratory screening.

13. Participates in performance improvement activities as appropriate.

Residential Centers:

14. Performs on-call or staff on duty responsibilities as assigned. Monitors client behaviors during social, recreational or daily living activities; enforces house rules; initiates disciplinary actions or revocation of privileges; and provides crises intervention or conflict resolution as necessary. Initiates emergency call procedures as appropriate.

Corrections Sites:

15. Performs staff on duty responsibilities, ensuring effective operation of therapeutic community. Conducts dormitory inspections; initiates crises management and conflict resolution interventions; writes disciplinary tickets and incident reports; and notifies corrections staff of clients' disruptive behaviors, or potential threats to safety of others.

MISA clients:

16. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomalogy to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and knowledge of group and individual dynamics, conflict resolution, intervention techniques, and confrontation skills; at a level normally acquired through completion of a Bachelor's degree in psychology, social work, mental health counseling, or substance abuse counseling; or equivalent education and life experience, with a minimum of 100 hours documented clinical training in counseling theory and practice.

2. Ability to perform assessment, treatment planning, and counseling, and provide intensive services for some complex cases, with minimal supervision and direction, at a level normally acquired through two years prior experience in the substance abuse field.

3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

- Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.

- Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.

- Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.

4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)

5. Advanced interpersonal skills necessary to encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and maintain effective contacts with outside agencies and referral sources or services.

6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.

7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.

2. Ability to record and proofread information on forms and charts.

3. Ability to respond to telephones and pages, and hear speech.

4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Counselor Supervisor or Clinical Supervisor.

2. May occasionally oversee and train Interns.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

JOB DESCRIPTION: Counselor II

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.

2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
	VP Community Services	11/30/01
	VP Correction Services	11/30/01
	VP Human Resources	11/30/01
Human Resources		

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft: 08/01/01
Approved: 11/30/01
Revised: 11/19/01

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Counselor III **FLSA STATUS:** Exempt

GENERAL SUMMARY:

Completes comprehensive assessments and treatment planning for caseload, and provides counseling services to clients. Develops and implements complex treatment and discharge plans for clients with dual diagnoses, social, or mental health issues. Serves as professional resource to other Counselors in resolving complex case problems, and provides clinical supervision and guidance as needed. Develops and conducts in-service and continuing education programs for treatment staff. Assumes responsibility for overseeing Counselors in absence of supervisor. Duties vary by Center or site assigned.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Maintains caseload which includes completing comprehensive assessments, preparing individualized developmentally appropriate treatment plans, and providing individual and group counseling and educational services in support of treatment plans. Depending on Center or site assigned, part-time positions may not maintain a caseload.

2. Develops and implements complex treatment and discharge plans for clients with dual diagnoses, social, or mental health issues; and conducts intensive or comprehensive interventions as necessary, such as family or domestic violence counseling.

3. Reports caseload activities and progress to supervisor as required. Maintains records and charts in accordance with organizational, regulatory, accreditation, and contractual standards.

4. Designs, implements, and integrates intensive service program to address particular social or psychological problems affecting portion of client population, e.g., domestic violence, sexual assault, grief, and so forth.

5. Serves as professional resource, and provides clinical supervision to other Counselors as needed. Audits client records prepared by others to ensure compliance with required documentation and service delivery. Provides assessments of special needs clients, and advice and guidance necessary to resolve complex case problems. Demonstrates and/or instructs on appropriate procedures, modalities and techniques.

6. As requested and appropriate, develops and presents introductory and continuing education programs on subjects related to assigned specialty for other Counselors or Technicians. Trains and oversees assigned Interns.

7. Collaborates with supervisor or other psychiatric, social work, or medical professionals on specific case-related issues to maintain continuity of care, and to aid in achieving therapeutic and restorative goals for clients.

8. Creates positive working relationships with local social service agencies and community organizations. Researches and evaluates services provided by each to utilize them as sources in client referrals.

9. Serves on variety of department or site committees necessary to plan and evaluate treatment programs and client services. Contributes to continuous improvement of treatment protocols, procedures and results.

First Draft:
Approved: 11/30/01
Revised:

10. May assume responsibility for supervision of Counselors in absence of supervisor.

11. Participates in performance improvement activities as appropriate.

MISA clients:

12. Performs necessary screenings and appropriately refers clients exhibiting MISA symptomalogy to Mental Health Professionals; conducts group, individual, and/or family counseling in accordance with both program and MISA guidelines; provides MISA-specific case management to clients, serving as an advocate for their continued progress.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Advanced communication skills; and in-depth knowledge of counseling, and treatment and discharge planning; at a level normally acquired through completion of a Master's degree in psychology, social work, mental health counseling, or substance abuse counseling.

2. Ability to perform assessment, treatment planning, and counseling for complex or dual diagnoses cases; and serve as professional resource to others in resolving complex case issues; at a level normally acquired through four years prior experience, with at least one year experience working with dual-diagnosed clients.

3. Demonstrated skills and knowledge of the principles of physical growth and development and psychosocial development; the ability to tailor interventions, such as de-escalation techniques, and communicate using appropriate language based on the client's cognitive and maturational status; the ability to assess and interpret client data, and identify individual client needs to provide substance abuse treatment appropriate to the developmental stage and client population as outlined below:

    - Adolescent Clients: Six months developmental counseling experience with adolescent clients, or forty hours of development training/education, or equivalent combination. Ability to incorporate the principles of adolescent development to an individualized treatment plan, e.g. relate the recovery process to peer relationships, family issues, sexual identity issues, educational/vocational preparation, and other issues related to preparation for assuming an adult role.

    - Adult Clients: Ability to apply knowledge of the normal developmental tasks of adulthood to an individualized treatment plan, e.g. relating recovery to family issues, parenting, vocational issues, healthy living, etc., and to promote the development of effective life skills to support a healthy, drug-free lifestyle.

    - Geriatric Clients: Ability to apply knowledge of the physical, cognitive, and psychosocial changes associated with later adulthood to an individualized treatment plan, and to understand the impact of medications and medication interactions on the cognitive and behavioral functioning of the client. Ability to incorporate the developmental tasks and challenges of the elderly client with substance abuse treatment, e.g. multiple health issues, living with chronic pain; personal losses; possible loss of independence, financial concerns, etc., and to teach coping skills and independent living skills as necessary.

4. Current certification or qualification as an alcohol, drug, or substance abuse counselor as required by agency, association, board or commission in state of employment location. (See policy guidelines for state specific certification requirements, equivalents, or reciprocals. Formal approval of hiring and employment by state or federal contracting agencies may be required.)

5. Advanced interpersonal skills necessary to conduct training and education programs; encourage and support clients through often difficult phases of recovery; provide effective counseling through appropriate empathy, support, intervention, direction, and conflict resolution; interact effectively with family members; and develop and maintain effective contacts with outside agencies and referral sources or services.

6. Analytical abilities necessary to conduct comprehensive assessments, prepare treatment plans, provide counseling and case management, and complete progress evaluations and related reports.

7. Typing ability and working knowledge of word processing software in order to complete required forms, reports and correspondence.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to speak with others in order to exchange information and provide counseling.

2. Ability to record and proofread information on forms and charts.

3. Ability to respond to telephones and pages, and hear speech.

4. Ability to use a keyboard and video display terminal to receive, retrieve, and/or audit information and data on a regular basis.

REPORTING RELATIONSHIPS:

1. Reports to the Counselor Supervisor or Clinical Supervisor; in absence thereof, may report to the Assistant Director or Center Director.

2. May occasionally assume supervisory responsibilities in absence of supervisor. May oversee and train Interns.

WORKING CONDITIONS:

1. Works in a normal office or clinical environment where there are relatively few discomforts due to dust, dirt, noise and the like. Occasional exposure to contagious diseases, but potential for harm is limited if established safety and infection control precautions are followed.

2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
	VP Community Services	11/30/01
	VP Correction Services	11/30/01
	VP Human Resources	11/30/01
	Human Resources	

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft:
Approved: 11/30/01
Revised:

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Office Manager **FLSA STATUS:** Exempt

GENERAL SUMMARY:

Responsible for organization and operation of business office at assigned Center. Responsible for timely and accurate processing and data entry of billing information. Compiles data and information, and prepares reports used in monitoring and evaluating Center's operations, finances and contract compliance. Maintains expenditure records and receipts, tracks budget allocations, and initiates corrective actions to control budget variances. Assists in preparing budget recommendations. Oversees and directs assigned office staff and client workers. Performs day-to-day personnel administration for Center. Serves as Center administrative liaison, processes various forms and records, and maintains office records and filing systems. Performs variety of related administrative, office, and secretarial duties and tasks.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Responsible for organization and operation of business office at assigned Center. Initiates corrective actions necessary to ensure efficient and smooth operations in areas of responsibility.

2. Responsible for processing of billing information, directly or through others, which includes performing data entry, compiling and reporting census and contract statistics, and tracking and monitoring staff billing hours. Ensures timely processing of billing information, and accurate entry of database information.

3. Compiles data and information, completes summary calculations and analyses, and prepares regular or special reports for use by superiors in monitoring and evaluating Center's finances, operations and contract compliance. Researches unusual data results or occurrences and prepares explanations or justifications.

4. Maintains inventory of approved office supplies by processing purchase requisitions and approving expenditures within specified limits and budget.

5. Maintains expenditure records and receipts, tracks budget allocations and expenditures for areas of responsibility, and initiates corrective actions to control budget variances. Assists in Center budget planning and monitoring by compiling and reporting census and service delivery statistics, and revenue and expenditure data.

6. Oversees and assigns work to lower-classified office employees and assigned client workers engaged in performing office or service duties. Participates in hiring, evaluating, and disciplining assigned subordinates as appropriate.

7. Performs personnel administration for Center which includes maintaining personnel files and training records, collecting and processing time sheets, preparing employment offers and processing new hires, and responding to questions concerning payroll and benefits policies and procedures. Ensures personnel actions are in compliance with federal, state and central offices rules and regulations.

8. Serves as administrative liaison between assigned Center, other centers, central office and contracting agency, by gathering and exchanging information related to operational, budget, payroll, and personnel issues or procedures. Attends Center supervisory meetings to provide information concerning office procedures, updated policies, and personnel administration changes.

First Draft:
Approved: 08/01/01
Revised: 08/01/01

9. Processes various forms and records related to client admission, rotations and discharge. Prepares regular reports and counts related to client census and services provided.

10. Responsible for organization and maintenance of office records and filing systems (manual and computerized). Ensures accurate and efficient storage and retrieval of documents and information; and that files and information are correct, up to date, and complete.

11. Performs various related administrative duties such as maintaining policy and procedure manuals, posting and balancing petty cash and postage expenditures, enforcing office equipment maintenance and service contracts, obtaining security clearances for staff and visitors, and coordinating travel and meeting arrangements.

12. Performs office and secretarial duties such as composing and typing correspondence and documents, photocopying and assembling documents, answering telephones, filing, and data entry.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Ability to read and write well enough to draft, proof and edit correspondence, reports, tables and the like; and perform simple arithmetic and statistical calculations to prepare and verify summary reports and financial transactions. Knowledge of office systems, procedures, equipment, and computer applications. Necessary ability and knowledge normally acquired through up to one year post high school training in business or office administration.

2. Ability to type complex statistical tables and forms, non-routine correspondence, reports and the like; and complete data entry accurately and efficiently, at a level normally acquired through training in touch-typing techniques, in high school or beyond.

3. Approximately two to three years of progressively more responsible related work experience in order to gain in-depth understanding of Gateway policies, procedures and operations necessary to assume high-level administrative details and office management responsibilities.

4. Interpersonal skills necessary to communicate effectively with a diverse group of external and internal contacts in investigating and resolving operational and administrative problems, and to lead and motivate assigned staff.

5. Analytical abilities necessary to delegate and follow-up on the work of others, compile and analyze data and information for various reports and statements, and investigate and resolve various questions and issues related to administrative responsibilities.

6. Ability to maintain confidentiality of client treatment and financial information, and personnel files.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to communicate with others in order to gather and exchange information.

2. Ability to respond to telephone inquiries.

3. Ability to continually proofread, check and verify data from printed form and computer monitor display.

4. Ability to use a keyboard and video display terminal to enter, retrieve, and/or audit information and data on a continual basis.

5. Ability to pull, lift and transport files and documents to and from various locations within office or assigned location.

JOB DESCRIPTIONS: Office Manager

REPORTING RELATIONSHIPS:

1. Reports to the Center Director.

2. Responsible for leading and following-up on the work of two to three office employees, and assigned crews of client workers.

WORKING CONDITIONS:

1. Works in a normal office environment where there are relatively few discomforts due to dust, dirt, noise and the like.

2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
	VP Community Services	11/30/01
	VP Correction Services	11/30/01
	VP Human Resources	11/30/01
	Human Resources	

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft:
Approved: 08/01/01
Revised: 08/01/01

GATEWAY FOUNDATION, INC.

JOB DESCRIPTION

JOB TITLE: Administrative Assistant I **FLSA STATUS:** Nonexempt

GENERAL SUMMARY:

Performs office and administrative support duties including composing and typing correspondence and documents, compiling data and preparing summary reports, processing routine financial transactions and billing information, maintaining record keeping and filing systems, scheduling meetings and conferences, and receiving and screening visitors and telephone calls. Serves as administrative liaison between assigned department/center and other Gateway components by gathering and exchanging information related to operational, budget, payroll or personnel issues and procedures.

PRINCIPAL DUTIES AND RESPONSIBILITIES: (The following duties and responsibilities are all essential job functions, as defined by the ADA, except for those that begin with the word "May.")

1. Composes and types variety of materials and documents including correspondence, memos, forms, tables, records and charts from rough draft, general directions, or dictation; using standard computer word processing, database and spreadsheet applications. Proofreads and edits final draft materials for accuracy, consistency and clarity.

2. Compiles data from variety of sources such as logs, lists, invoices and treatment records, and prepares regular summary reports for use by supervisors in monitoring and tracking income, expenses and contract compliance.

3. Responsible for administering or processing routine financial transactions such as petty cash, bank deposits, receipts, ledgers, client personal funds, pass money, and so forth.

4. Depending on area assigned, may assist in processing billings by logging and coding treatments and services, recording treatment hours, or entering required information into records and databases.

5. Maintains record keeping and filing systems including records related to clients, personnel, payroll, attendance, work and purchase orders, and so forth.

6. Completes requisitions for approved office supplies, and standard department/center inventory as requested. Accepts receipts and invoices for nonroutine expenditures, and obtains necessary authorizations for payment.

7. Schedules meetings and appointments. Makes routine travel and conferences arrangements as directed.

8. Serves as administrative liaison between assigned program or department and central offices and services by gathering and exchanging information related to operational, budget, payroll or personnel issues and procedures.

9. Receives and screens visitors and telephone calls, and notifies appropriate personnel, or records messages.

10. Performs variety of general office and administrative duties such as photocopying and assembling documents, sorting and distributing mail and faxes, storing office supplies, processing time cards for payroll, recording and typing meeting minutes, and so forth.

First Draft:
Approved: 08/01/01
Revised: 08/01/01

11. Depending on area assigned, may provide client services such as assisting clients with completing forms and applications for insurance or public assistance, verifying treatment funding source or insurance coverage, maintaining case files, and scheduling appointments.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Ability to read and write well enough to draft, proof and edit correspondence, reports, tables and the like; and perform simple arithmetic and statistical calculations to prepare and verify summary reports and financial transactions. Knowledge of office systems, procedures, equipment, and computer applications. Necessary ability and knowledge normally acquired through up to one year post high school training in business or office administration.

2. Ability to type complex statistical tables and forms, nonroutine correspondence, reports and the like; and complete data entry accurately and efficiently, at a level normally acquired through training in touch-typing techniques, in high school or beyond.

3. Approximately one to two years related work experience necessary in order to gain requisite skill and knowledge in secretarial and administrative procedures, use and operation of standard office equipment and computer applications, and ability to compose and format presentable documents and tables.

4. Interpersonal skills necessary to be socially perceptive and tactful in gathering and exchanging information, communicating policies; and dealing with visitors, clients, employees and so forth.

5. Analytical abilities necessary to gather and interpret data and information in preparing summary reports, organize and prioritize own work, and verify and correct data and information from variety of source documents.

6. Ability to maintain confidentiality of client treatment and financial information, and personnel files.

PHYSICAL REQUIREMENTS: (The following statements describe the physical abilities required to perform the essential job functions, although exceptions may be made to these requirements based on the principle of reasonable accommodation.)

1. Ability to communicate with others in order to gather and exchange information.

2. Ability to respond to telephone inquiries.

3. Ability to continually proofread, check and verify data from printed form and computer monitor display.

4. Ability to use a keyboard and video display terminal to enter, retrieve, and/or audit information and data on a continual basis.

5. Ability to pull, lift and transport files and documents to and from various locations within office or assigned location.

REPORTING RELATIONSHIPS:

1. Reports to a designated office, administrative, or clinical supervisor or manager.

2. Has no responsibility for leading or supervising the work of others.

WORKING CONDITIONS:

1. Works in a normal office environment where there are relatively few discomforts due to dust, dirt, noise and the like.

2. May work in a corrections facility where there is exposure to potentially disruptive or violent inmates. Potential for harm is limited if established security precautions and procedures are followed.

APPROVALS:

Name	Title	Date
	VP Community Services	8/2/01
	VP Correction Services	8/2/01
	VP Human Resources	8/7/01
Human Resources		

The above is intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

First Draft:
Approved: 08/01/01
Revised: 08/01/01

3.7 PROPOSED METHOD OF PERFORMANCE, INCLUDING PART TWO: SCOPE OF WORK

3.7 PROPOSED METHOD OF PERFORMANCE

3.7.1 – 3.7.3 GENERAL REQUIREMENTS

Gateway Foundation, Inc. ("Gateway") hereby proposes to provide assessment and substance abuse treatment services at the following Missouri Department of Corrections facilities.

- The Chillicothe Correctional Center (CCC), an adult female facility, which includes a Substance Abuse Treatment Center currently consisting of 256 beds.
- The Women's Eastern Reception, Diagnostic and Correctional Center (WERDCC), an adult female facility, which includes a 240-bed Substance Abuse Treatment Center and a 30-bed Women's Social Rehabilitation Unit.
- The Northeast Correctional Center (NECC), an adult male facility for offenders with medical need scores up to and including level five (5) and mental health needs scores up to and including level four (4) and offers a specialized program for offenders with mobility restrictions who have been court-ordered and board-referred for substance abuse treatment.

Gateway understands that the number of offenders assigned to a specific program may vary according to the demands of the population and program capacity as determined by the Department and will make any necessary adaptations to accommodate fluctuating populations.

We also are aware that the treatment beds at each facility currently are allocated by program type as follow:

At CCC and WERDCC: 214 beds for the Short-Term Program (150 at WERDCC, 64 at CCC)
At WERDCC: 15 beds for the Offenders Under Treatment (OUT) Program
At CCC: 64 beds for the Intermediate Treatment Program
At CCC and WERDCC: 139 beds for the Long-Term Program (75 at WERDCC, 64 at CCC)
At CCC: 32 beds for the Partial Day Treatment Program
At CCC: 32 beds for the Relapse Program
At NECC: 24 beds for the OUT, Intermediate, and Long-Term Treatment Programs

Gateway further understands that a program expansion at NECC is anticipated for FY13 pending grant approval that will increase the treatment population to 62 beds. Of these, a maximum of 31 beds will be designated for individuals with mobility impairments and/or individuals requiring lower bunks and 31 beds for offenders with special needs, including cognitive impairments, medical and mental health needs, etc.

We anticipate that some of the offenders will have coexisting mobility, educational mental health and medical needs, including ambulatory restrictions such as wheelchair-bound offenders and those who cannot climb stairs or walk very far due to chronic medical conditions.

Gateway is experienced in dealing with offenders who have a wide variety of physical, mental health, and medical needs.

1.4.8 PATHWAY TO CHANGE

Changing offenders' criminal thinking patterns is integrated into Gateway's total treatment experience through connections among related goals, objectives, and tasks. The primary goal of the program is to assist offenders to acquire the competencies required for self-correcting cognitive distortions that lead to maladaptive behaviors that, in turn, result in relapse and recidivism. The primary goal of cognitive restructuring is to prevent substance abusers in the correctional system from committing crimes. The principle objectives in meeting this goal are (a) to assist participants in reorganizing how they think about themselves and others and (b) to substantiate attainment of this goal through process, impact, and outcome data.

The Gateway approach to changing offenders' thinking patterns provides them with a straightforward protocol for systematically identifying criminogenic cognitions and effective corresponding interventions and then supports them in generalizing this clinical experience to life in the treatment environment and ultimately, to post-release life. Gateway draws from all research-based studies and programs and proceeds in a manner that is commensurate with our long-standing reputation for effective and ethical treatment of under-served populations such as those found in the Missouri correctional system.

Gateway will implement the *Pathway to Change* (PTC) cognitive skills to facilitate behavioral change and strengthen cognitive skills, which supports success in transition from prison to community. *Pathway to Change* is designed to teach decision making and cognate skills to criminal offenders and is written in language that accommodates the educational levels offenders may have. The lessons allow self-examination by the offenders to identify their own thought and decision-making processes and learn new skills to correct faulty thoughts and behaviors that lead to criminal conduct. *Pathway to Change,* in conjunction with Gateway's Cognitive Self-Change curriculum (described in detail later in this proposal), will offer offenders many opportunities to develop and internalize the skills and changes necessary to become productive citizens on their return to society. **As described later in this proposal, Gateway proposes to use the TCU Criminal Thinking Scales instrument to identify high-risk offenders who will benefit the most from this targeted intervention.**

Pathway to Change consists of twelve lessons. The first six lessons are the core modules and will be presented sequentially and to a closed group of no more than 24 offenders. The second series of six lessons may be presented to open groups and not necessarily in sequence. The program is designed for one (1) or two (2) two-hour modules per week.

Every staff member currently working for Gateway has been trained in *Pathway to Change* facilitation and participates in delivery of that program. All CCC staff members will be similarly trained prior to implementing the curriculum.

PART TWO
SCOPE OF WORK

2.1 GENERAL CONTRACTUAL REQUIREMENTS

2.1.1 PROVISION OF REQUIRED SERVICES

Gateway Foundation, Inc. ("Gateway") proposes to provide assessment and gender responsive, evidence-based substance abuse treatment services for the Chillicothe Correctional Center (CCC), the Women's Eastern Reception, Diagnostic, and Correctional Center (WERDCC), and the Northeast Correctional Center (NECC) in accordance with the provisions and requirements set forth by the Missouri Department of Corrections, (hereafter referenced as "Department").

To ensure that the varied level and intensity of offenders' needs are met, Gateway has designed multi-faceted, multimodal substance abuse treatment programs that accommodate individualized needs as determined by comprehensive assessment and offenders' individual treatment plans that include well defined goals and objectives. A wide range of evidence-based and research-supported treatment intervention will be offered, as well as a system of rewards and sanctions for participants that are allowable within the current security system and rules of the Department.

Gateway understands that the Department may also require the operation a program for "chronic offenders" of intoxication-related offenses. If required, Gateway is prepared to provide a DWI Education and Intervention services for appropriate male and female eligible participants at all three program sites.

Gateway assumes responsibility for all aspect of the treatment program and will furnish clerical support staff and treatment-related multimodal curricula approved for the treatment population and will hire qualified professionals to implement the program.

Services for Special Needs Clients at NECC

Of special importance to this contract, Gateway wishes to point out that our lengthy history of providing treatment services in the special needs facilities at NECC in Missouri and in Texas has reinforced the importance of adapting services and programming to accommodate the clients' disabilities for treatment to be most successful. Gateway is committed to the philosophy that each client is unique and deserves a treatment approach that accommodates his or her distinct treatment needs.

We seek to provide the most effective treatment experience possible. This philosophy is particularly relevant for clients who have "special needs" that must specifically be addressed and accommodated if the clients are to succeed in treatment. "Special needs" may include physical disabilities, mental illness, cognitive impairments, learning disabilities, illiteracy, language deficits, and/or other permanent disabilities.

To provide clients the most effective treatment possible, Gateway ensures that staff members are trained and remain competent to accurately assess offenders for special needs and to make adjustments in treatment planning and treatment approaches to accommodate special needs.

Accommodations themselves are therapeutic in nature, not only for a client with special needs, but also for other clients and the therapeutic situation as a whole. By observing staff interacting with clients with special needs, clients learn to approach other individuals with the same willingness to tolerate individual differences and consider supportive, alternative approaches. In fact, one mechanism to accommodate clients with special needs involves assigning other clients to assist clients with challenges, e.g., reading print recovery material to visually impaired clients. Helping another person has positive benefits for the helper as well as the person helped.

The following table summarizes the accommodations that Gateway will employ as needed to assure that the special needs of clients are met.

GATEWAY'S TREATMENT MODIFICATIONS /ACCOMMODATIONS FOR CLIENTS WITH SPECIAL NEEDS	
CLIENT POPULATION	TREATMENT ACCOMMODATIONS/MODIFICATIONS
Clients with Physical Disabilities (e.g., non-ambulatory clients, amputees, etc.)	• Establish realistic treatment goals that account for physical limitations • Set interim steps toward goal achievement • Ensure facility and counseling rooms, including furniture (desks, tables, etc.) are accessible • Adjust length of counseling sessions or schedule breaks to accommodate fatigue; create strategies to conserve energy • Address concurrent psychological and social consequences of the disability such as anger, hopelessness, frustration, social isolation, low self-esteem, etc. • Assess need for transportation assistance to participate in treatment
Clients with Cognitive Disabilities (e.g., brain injury, learning disabilities, retardation, etc.)	• Establish realistic treatment goals that account for cognitive limitations • Set interim and achievable steps toward goal achievement • Remove auditory (noise) and visual distractors (e.g., artwork, toys, etc.) that interfere with attention and concentration from counseling areas • Adjust frequency and/or length of counseling sessions to accommodate short attention spans • Repeat important information as needed to ensure comprehension • Provide written materials at appropriate reading level or in auditory form; review and "translate" material into simpler or more concrete language as needed; avoid abstract language • Allow alternative forms of expression (e.g., art work) of emotions • Provide memory aids and encourage note-taking • Assess need for and treat identified issues of impulse control • Provide direct feedback regarding inappropriate behavior

GATEWAY'S TREATMENT MODIFICATIONS /ACCOMMODATIONS FOR CLIENTS WITH SPECIAL NEEDS (Continued)	
CLIENT POPULATION	TREATMENT ACCOMMODATIONS/MODIFICATIONS
Clients with Sensory Disabilities (e.g., visual impairment/blindness, hearing impairment/ deafness, etc.)	For visually impaired or blind clients: • Provide recovery materials in large print or audio form when available • Ensure that pathways are clear of obstacles • Provide signage in large lettering or Braille • Arrange for ancillary services such as readers For hearing impaired or deaf clients: • Arrange for sign language interpreters, as needed • Provide assistive listening devices for sound amplification, close-captioned videos, and/or computer-assisted transcription • Assess client's ability to lip-read if interpreters are not available • Assess client's ability to communicate orally • Ensure that room is barrier-free and lighting allows clients to see interpreter • Provide written alternatives to verbal material • Alter expectations for client's participation in group sessions
Clients with Reading Deficits	• Provide staff to assist in reading material and documents for clients who have reading deficits. • Assess clients' reading and comprehension level during the initial intake process both in person and through obtaining records from their probation/parole officer. • As appropriate, provide client mentors to assist clients with reading difficulties in group settings
Clients with Deficits in Written, Spoken, or Receptive Language	• Establish realistic treatment goals that account for deficits in written, spoken or receptive language • Set interim and achievable steps toward goal achievement • Remove auditory distractors (noise) that interfere with attention and concentration from counseling areas • Provide staff assistance to explain verbally written material • Provide interpreters as appropriate to the respond to the specific deficit
Clients with Mental Illness	**Please see extended discussion below**

EXPERTISE IN TREATMENT FOR MENTALLY ILL SUBSTANCE ABUSERS

Experience has shown us that clients with diagnosed special needs or multiple diagnoses may be found appropriate to participate in any number or combination of our various treatment programs, and therefore may appear for treatment at any given program site. **Clients with special needs, particularly those clients with co-occurring substance abuse and psychiatric disorders, succeed in Gateway's treatment programs because of our ability to integrate all treatment services within the same facility to ensure that all disorders are addressed simultaneously and that all treatment is directed toward the same end.** Gateway staff members all have a basic knowledge of both substance abuse disorders as well as psychiatric disorders. This is true for all of Gateway's programs, not only those programs specifically dedicated for treatment of clients with special needs.

Gateway adheres to clinical research that demonstrates that **dually diagnosed clients "are best served in treatment settings which are Clinical Case Management (CCM) oriented,** rather than based on treatment episodes and client participation in those episodes." Robels, Bishop, Association House of Chicago, *The Illinois MISA Newsletter*, "Best Practice in Clinical Case Management," June 2001. According to experts in the treatment of substance abusers with mental illnesses, CCM consists of providing special attention toward identifying and addressing the full nature of the client's and family's needs, enrolling the client in the appropriate level of care and coordinating treatment regimen components according to the client's assessed needs and treatment environment. *Id.* Gateway is committed to providing effective integration of services for clients with special needs. **We will assure that our staff will be specifically attuned to the special needs of clients, and will carefully integrate services to meet each client's special needs.**

Other modifications implemented by Gateway include the following:

- **Use of treatment practices and procedures more traditionally associated with the medical model of treatment**. Many of our staff members have a basic knowledge of psychiatric diagnostic procedures, medications and therapeutic approaches appropriate for those who are mentally ill.

- **Emphasis on staff and client education pertaining to psychotropic medication**. Specific emphasis is placed on training staff to educate clients about prescribed psychotropic medications. These clients are taught the following:

  - the therapeutic benefits of their medications;
  - side effects and ways to deal with these effects in healthy ways;
  - the importance of frequent communication with a psychiatrist, particularly when attitudes or behaviors change, indicating a need to readjust dosage;
  - the effect their mental health diagnoses has on their substance abuse disorder and vice versa.
  - the need to comply with medication regimens

- common misconceptions which lead to non-compliance and means to avoid these pitfalls.
- specific medication doses and the times for taking medications
- approaches which mitigate the intensity of confrontation in group processes, while still confronting dysfunctional attitudes, thought processes and behaviors
- use of more structured approaches in group settings than might be found in traditional therapeutic communities.

TREATMENT BASED ON STAGES OF RECOVERY

Gateway's approach to treatment recognizes that offenders' specific needs are correlated with a specific stage of recovery. There are five theoretical "stages of change" (Precontemplation, Contemplation, Preparation, Action, and Maintenance) related to individual motivation for treatment. The characteristics of clients at each stage and Gateway's corresponding treatment components are summarized in the table below.

Stage-Wise Interventions

Upon intake, clients will be assessed on their readiness to change. The information will be interpreted in terms of DiClemente and Prochaska's Stages of Change to assist clients in understanding their current status relative to substance use and recovery and to encourage them to move to the next stage, thereby increasing commitment to treatment and recovery.

The results will be discussed with clients so that clients understand their current stage. Specific ways to move to the next level of change will be discussed, and clinical staff will work with clients to address barriers to treatment engagement if necessary and to increase commitment to recovery and continued treatment.

Individual and group interventions are designed to meet clients at their level of readiness. Treatment intervention will be appropriate to clients' level of change-readiness, per the following table.

STAGE	CLIENT CHARACTERISTICS	TREATMENT COMPONENTS
Precontemplation	• No serious thinking about changing; not interested in help • Defensiveness about current behavior in face of pressure to change • Unwillingness to discuss behavior • Don't acknowledge selves as having problems	• Motivational Interviewing • Engagement groups • TCU Brief Intervention: "Getting Motivated for Change" • TCU Brief Intervention: "Reducing Angry Feelings"
Contemplation	• More awareness of personal consequences of behavior and positive aspects of changing • More openness to receiving information and education • Ambivalence about change • Doubt that the long-term benefits of change outweigh short-term cost of change	• Motivational Interviewing • Engagement groups • Counseling groups focused on Confrontation and Discrepancy • Life Skills Education Groups • Reentry issues related to the need for change
Preparation/ Determination	• Commitment to change is made • Identification of strategies and resources to effect change • May try to skip stage and move into action without adequate research of what is needed for major lifestyle change	• Motivational Interviewing • Life Skills Education groups • Counseling groups focused on treatment plan issues/goals
Action/Willpower	• Belief in ability and reliance on willpower • Active steps and variety of techniques to change behavior • Development of plans to deal with personal and external pressures leading to relapse • Use of short-term rewards to sustain motivation • Openness to receiving help and seeking support from others	• Cognitive restructuring groups • Goal-setting skills development • Relapse prevention planning • Support Group participation • Life Skills Education groups • Social skills development • Transition planning
Maintenance	• Successful avoidance of temptations to return to old behavior • Reminders of progress made and advantages of change • Constant reformulation of rules of their lives • Anticipation of relapse situations and preparation of coping strategies	• Reentry planning • Relapse prevention planning • Counseling groups • Support Group participation • Employment readiness training • Family education • Transition planning

Clients will participate in stage-wise group treatment that addresses both substance abuse and criminality. Clients in the pre-contemplation, contemplation, and preparation stages will participate in an "engagement" group in which motivational enhancement approaches will be used to help clients explore their motivation for continuing current/recent life styles as well as costs and benefits of change.

Clients in "action" and "maintenance" stages will participate in "action/relapse-prevention" groups. Clients in the Active Treatment stage or Relapse Prevention stage will receive substance abuse counseling that includes the following:

- Techniques to identify and manage internal emotional signals (cues) that precede a return to substance use and psychiatric relapse
- Techniques to identify and manage consequences of use
- Skills to refuse alcohol and other drugs
- Problem-solving skills
- Techniques to avoid high-risk situations
- Examination of and challenges to clients' beliefs about substance use
- Coping skills and social skills training to deal with symptoms or negative mood states related to substance abuse (e.g., relaxation training, cognitive-behavioral therapy for depression or anxiety, coping strategies for hallucinations)

DEVELOPMENTAL MODEL OF RECOVERY

Gateway also incorporates the Integrated Developmental Model of Recovery based on approaches set forth by the Center for Substance Abuse Treatment (CSAT) Technical Assistance Publication (TAP) 19, Part I and by Terence Gorski, a nationally renowned expert in substance abuse treatment and relapse prevention and a colleague of Gateway in the Chicago area, set forth in his paper entitled "Modern' Alcohol and Drug Outpatient Treatment: An Overview of the Recovery Process, Learning Where We're Going" (excerpted from the book *Passages Through Recovery*).

Gorski notes the following about the Developmental Model of Recovery (emphasis added):

> "We don't recover overnight. Recovery is a developmental process during which we go through a series of stages. The term developmental means **'to grow in stages or in steps.'** It is a gradual effort to learn new and progressively more complex skills. A developmental model of recovery means that we can grow from simple abstinence to a meaningful and comfortable sobriety. We confront new problems while abstinent and try to solve them."

The developmental model of recovery is based upon the following premises:

1. Recovery is a long-term process that is not easy.
2. Recovery requires total abstinence from alcohol and other drugs, plus active efforts toward personal growth.
3. There are underlying principles that govern the recovery process.
4. The better we understand these principles, the easier it will be for us to recover.
5. Understanding alone will not promote recovery; the new understanding must be put into action.

6. The actions that are necessary to produce full recovery can be clearly and accurately described as recovery tasks.
7. It is normal and natural to periodically get stuck on the road to recovery. It is not whether you get stuck that determines success or failure, but it is how you cope with the stuck point that counts."

CSAT TAP 19 describes the Developmental Model of Recovery as follows.

TRANSITION STAGE

The transition stage begins the first time a person experiences an alcohol or drug-related problem. As addiction progresses, people try a series of strategies designed to control use. This ends with their recognition that safe use of alcohol and/or drugs is no longer possible. The struggle for control is a symptom of a fundamental conflict over personal identity. Alcoholics and drug addicts enter this level of recovery believing they are "normal" drinkers and drug users capable of controlled use. As the progression of addiction causes more severe loss of control, they must face the fact that they are addictive users who are not capable of controlled use.

During the transition stage, chemically dependent people typically attempt to control their use or stop using. They are usually trying to prove to themselves and others that they can use safely. This never works for very long. Controlled use is especially tough for people who are participating in criminal behavior because the high level of alcohol and drug use among their peers makes their lifestyle and use seem normal.

The major cause of inability to abstain during the transition stage is the belief that there is a way to control use.

STABILIZATION PERIOD

During the stabilization period, chemically dependent people experience physical withdrawal and other medical problems, learn how to break the psychological conditioning causing the urge to use, stabilize the crisis that motivated them to seek treatment, and learn to identify and manage symptoms of brain dysfunction. This prepares them for the long-term processes of rehabilitation.

Traditional treatment often underestimates the need for management of these issues, focusing instead on detoxification. Clients find themselves unable to cope with the stress and pressure of the symptoms of brain dysfunction and physical cravings that follow detoxification. Many have difficulty gaining much from treatment and feel they are incapable of recovery.

The lack of a supportive environment for recovery that many criminal offenders experience adds stress and undermines their attempts to stabilize these symptoms. They often use alcohol and drugs to relieve such distress. It takes between 6 weeks and 6 months for a client to learn to master these symptoms with the correct therapy.

The major cause of inability to abstain during the stabilization period is the lack of stabilization management skills.

EARLY RECOVERY PERIOD

Early recovery is marked by the need to establish a chemical-free lifestyle. Recovering people must learn about the addiction and recovery process and must separate from friends who use and build relationships that support long-term recovery. This may be a very difficult time for criminal justice clients who have never associated with people with sobriety-based lifestyles. They also need to learn how to develop recovery-based values, thinking, feelings, and behaviors to replace the ones formed in addiction. The thoughts, feelings, and behaviors developed by people with criminal lifestyles complicate and hinder their involvement in appropriate support programs during this period. Major intervention to teach the client these skills is necessary if he or she is to succeed. This period lasts about 1-2 years.

The primary cause of relapse during the early recovery period is the lack of effective social and recovery skills necessary to build a sobriety-based lifestyle.

MIDDLE RECOVERY PERIOD

Middle recovery is marked by the development of a balanced lifestyle. During this stage, recovering people learn to repair past damage done to their lives. The recovery program is modified to allow time to reestablish relationships with family, set new vocational goals, and expand social outlets. Clients move out of the protected environment of a recovery support group to assume a more mainstream and normal lifestyle. This is a time of stress as they begin applying basic recovery skills to real-life problems.

The major cause of relapse during the middle recovery period is the stress of real-life problems.

LATE RECOVERY PERIOD

During late recovery, people make changes in ongoing personality issues that have continued to interfere with life satisfaction. It is a process of examining the values and goals that one has adopted from family, peers, and culture. Conscious choices are then made about keeping these values or discarding them and forming new ones. In normal growth and development, this process occurs in a person's mid-twenties. Among people in recovery, it does not usually occur until 3-5 years into the recovery process, no matter when recovery begins.

For criminal offenders, this is the time when they learn to change self-defeating behaviors that may trigger a return to alcohol or drug use. These self-defeating behaviors often come from psychological issues starting in childhood, such as childhood physical or sexual abuse, abandonment, or cultural barriers to personal growth.

The major cause of relapse during the late recovery period is either the inability to cope with the stress of unresolved childhood issues or an evasion of the need to develop a functional personality style.

MAINTENANCE STAGE

The maintenance stage is the life-long process of continued growth and development, coping with adult life transitions, managing routine life problems, and guarding against relapse. The physiology of addiction lasts for the rest of a person's life. Any use of alcohol or drugs will reactivate physiological, psychological, and social progression of the disease.

The major causes of relapse during the maintenance stage are the failure to maintain a recovery program and encountering major life transitions.

STUCK POINTS IN RECOVERY

Although some clients progress through the stages of recovery without complications, most chemically dependent people do not. They typically get stuck somewhere. A "stuck point" can occur during any period of recovery. Usually it is caused either by lack of skills or lack of confidence in one's ability to complete a recovery task. Other problems occur when the recovering person encounters a problem (physical, psychological, or social) that interferes with his or her ability to use recovery supports.

When recovering people encounter stuck points, they either recognize they have a problem and take action, or they lapse into the familiar coping skill of denial that a problem exists. Without specific relapse prevention skills to identify and interrupt denial, stress begins to build. Eventually, the stress will cause the client to cope less and less well. This will result in relapse.

The various recovery stages described above are dealt with in Gateway's levels of treatment described below. The following table identifies the relationship among the stages of the developmental model, the treatment phases, and the treatment protocols, curricula, and program materials used in delivering Gateway's program.

Developmental Model Stage(s)	Treatment Phase	Treatment Protocols/ Curricula/ Program Materials Used
Transition Stabilization	**Phase I**	• Assessment/diagnosis • Treatment plan development • Treatment orientation • Assimilation into the treatment milieu • Job assignments
Early Recovery	**Phase II**	• Cognitive restructuring/self-change techniques • Reality therapy • Individual counseling • Group counseling • Job readiness/employability assessment • Conflict resolution skills • Twelve-step programs • Family dynamics • Educational/vocational assignments • Substance abuse relapse prevention • Criminality relapse prevention • Continuing care planning • Group education
Middle Recovery Late Recovery	**Phase III**	• Individual/group counseling • Family support group • Effects of DUI • Victims' rights • Substance abuse relapse prevention • Criminality relapse prevention • Self-help group participation • Aftercare planning

POST-INCARCERATION		ACTIVITIES
Maintenance	**Post-Release Continued Care**	• Engagement in continued care treatment • Self-help group participation • Community service (not just mandated, but out of good citizenship) • Employment • Stable living environment • Compliance/fulfillment of legal requirements (i.e., completing probation/parole)

2.1.2 DEPARTMENT AS FINAL JUDGE OF QUALITY OF PERFORMANCE

Gateway understands and hereby agrees that all services must and will be performed to the sole satisfaction of the Department as the final judge of the quality of Gateway's performance under the contract and that any dispute arising from conflicts with Departmental policy and appropriate clinical practice for assessments will be resolved by the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse. Therefore, it is understood and agreed that Gateway has complied and will continue to comply with the following requirements:

a. Gateway will establish appropriate and professional services consistent with Department objectives of maintaining a structured and well-managed state facility.

b. Gateway and the Department will jointly develop and maintain a standardized operating procedure governing the provision of assessment services at WERDCC/CCC, consistent with the Department's Standard Operating Procedures. Additionally, we will modify the current procedure as necessary to meet the requirements of the new contract.

c. Gateway will identify a contact person at the facility who will be responsible for coordinating all aspects of the contract with the facility Wardens and Gateway's contract coordinator.

As the current provider of treatment services at the WERDCC and NECC, Gateway presently complies with all of the above requirements as demonstrated below.

a. Gateway has established appropriate and professional services consistent with Department objectives of maintaining a structured and well-managed state facility. Through collaborative planning and service provision Gateway has successfully implemented both required and value-added services while responding to the operational needs of WERDCC. Because of our success in this program, as well as our other Missouri programs, we are confident that we will be able to provide these excellent services at Chillicothe.

   The WERDCC/NECC Gateway team has implemented collaborative strategies consistent with recommendations made throughout the literature and research on prison-based treatment programs. As a result of this collaboration, the full spectrum of required programming--to include assessment, treatment planning, proper documentation of progress notes, mandated report writing, individual counseling, small groups, psycho-educational classes, and community activities-- have been provided while still accommodating the needs of the institution operations.

   Additionally, value-added activities have included extensive improvements on the basic assessment requirements, provision of individualized treatment interventions such as the TCU brief intervention groups, and development of a greater range of self-help groups (e.g., "rhyming in recovery," a poetry-based mutual support group). Focused counselor-led support groups have been developed for peer-led group facilitators to process effective

conflict resolution strategies, as well as a "Big Sister" focus group and "Phase I" focus group, each addressing unique stressors and needs of the indicated clients.

Gateway also supports and helps facilitate client involvement in a gardening project from which food is donated to a local food pantry. While the Department is the primary developer and oversight for these projects, Gateway staff incorporates the experiential component into individual and group discussions to help clients process and understand the nature of these activities and how these experiences can enhance the treatment experience and be internalized and translated into clients' lives after prison.

b. Gateway and the Department have jointly developed and maintained standardized operating procedures governing the provision of assessment services at WERDCC/NECC consistent with the Department's Standard Operating Procedures. Gateway has consistently met the Department's standards for assessment and has enhanced the required assessment process through implementation of Internal Evaluation Protocols (IEP). While the Department's policies require an initial assessment and report to guide the treatment planning process, Gateway practices have extended the assessment practice into a true process of ongoing evaluation and re-evaluation over time.

   Gateway conducts a formal re-assessment at intake, at phase-up to Phase II, at the point a case evaluation report is due to Probation and Parole, and at release. Each assessment measures where clients are in numerous spectrums within the context of previous assessments. This practice enhances our understanding of what progress is being made and what tactics are or are not working for the client and informs treatment planning modifications throughout the treatment experience. Additionally, treatment interventions are truly individualized based on the assessed information, which differs from the common practice of "one size fits all" programming.

c. Gateway's contact person at the facility has and will continue to collaboratively coordinate all aspects of the contract with the WERDCC/NECC Wardens and Gateway's contract coordinator. Currently Gateway employs Sara Scott as the Program Director at WERDCC/NECC. Ms. Scott serves as the primary contact person responsible for coordination of the contract requirements in collaboration with the WERDCC/NECC Wardens and the Area Substance Abuse Treatment Coordinator. Ms. Scott is experienced in both corrections and substance abuse treatment, offering a balanced understanding of the dynamics of each of these disciplines. Furthermore, Ms. Scott offers understanding of the integration of criminal justice and addiction evidence-based practices to advise and collaborate with the Department representatives in establishing best practices for this population and this program site.

The relationship of Gateway managers and supervisors with the WERDCC/NECC administration has been one of ongoing and extensive team work, always reflecting Gateway's understanding that we are "guest in your home." We look forward to establishing similar relationships at the CCC facility.

2.1.3 ABILITY TO PERFORM ALL PROGRAMMING SERVICES

Gateway has consistently met and exceeded program service requirements at WERDCC and NECC. We will continue to do so at these facilities and at CCC in this new contract. Additional services added in this current contract will be provided through the same collaboration previously employed to ensure that the program can reach its maximum potential for benefit to the clients and the Department's satisfaction. Gateway will describe in detail how we have met and exceeded the contract requirements throughout this proposal.

2.1.3 ASSESSMENTS

Gateway understands that the Department makes no specific guarantee as to the minimum or maximum number of assessments required or program participants, although the Department estimates that 80 -120 assessments of offenders with special needs will be required at NECC. We have prepared this proposal with this designation as a guideline.

Currently, expanded assessments are not utilized at NECC. However, as this is a requirement of the contract, Gateway will ensure that an appropriately licensed person will be available to perform these assessments in addition to the ASI/ISAP currently completed. In addition, Gateway will continue to administer selected TCU assessments, which will be described in more detail in a later section of this IFB. Together, these provide a comprehensive summary of offender treatment needs. The information collected from this assortment informs the Master Treatment Plan, which details the needs, interventions, and methods employed during the treatment episode to reach the goals and objectives established in the Treatment Plan. In the event Gateway is awarded the new contract, this system of assessment will remain in place ***and there will be no interruption in assessment completion***. .

2.1.4.1 ASSESSMENTS AT THE WOMEN'S INSTITUTIONS

Gateway understands the difficulty in establishing the number of assessments expected in the women's institutions. Regardless, Gateway already has an effective system for completing assessments at WERDCC and will employ this same system at CCC. At WERDCC, Gateway has a designated assessment counselor who completes the assessments. We have found that assigning a specific person for the assessments at this program ensures efficiency and thoroughness.

2.1.5 CURRICULA MODIFICATIONS REQUESTS

Gateway agrees that the Department reserves the right to request modifications to curricula as needed in order to adequately serve the current assessed needs of offenders. Any major changes proposed by Gateway after program implementation must have prior approval of the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services.

Although Gateway has never been requested to change its curricula, we would comply with the requirement and seek approval should the Department request a change. Any additional or supplemental curricula that are considered for inclusion wil undergo the same approval process prior to implementation.

2.1.6 ADDITIONAL FUNDING/ADDITIONAL SERVICES

Gateway understands and agrees that if additional funding exists, Gateway will provide additional services at the firm, fixed price as indicated on the pricing page.

2.2 GENERAL OPERATIONAL REQUIREMENTS

2.2.1 DEPARTMENT AS SOLE SOURCE OF REFERRALS

Gateway agrees that the Department alone is the sole source of referral and without exception retains the right to terminate any participant it deems necessary in order to maintain program integrity and a safe and secure correctional environment.

2.2.2 SERVICES FOR PERSONS OF ALL FAITHS AND NO FAITH

As required by the IFB, Gateway's programs will be accessible to persons of all faiths and to persons of no faith who are atheist, agnostic or undecided. The programs shall include presentation of reasonable alternatives wherever the programs incorporate ideations of "God or a higher power". No offender will be terminated as a result of failure to participate in treatment activities or assignments associated with the above ideations.

Twelve-Step Programs. Gateway has long recognized the value of twelve-step programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA) as avenues of support for achieving and/or maintaining abstinence. The twelve steps involve accepting one's addiction, relying on the support of a Higher Power, becoming self-aware, and coming to terms with one's history. Consistent with our treatment programs, twelve-step programs promote sobriety/abstinence and personal responsibility. Therefore, they complement our cognitive restructuring efforts, which specifically encourage pro-social behaviors and attitudes and self-efficacy.

Offenders use twelve-step materials such as AA's *Big Book,* NA's *Basic Text*, and other materials that describe the steps in detail. Gateway will provide volunteer coordination, recovery literature libraries, and time and space for open meetings, study groups and sponsorship sessions. Gateway staff will work closely with the state agency to offer in-house AA/NA meetings several times per week and will include them in the program schedule as approved.

We recognize that some offenders cannot relate to or object to programming that promotes the concept of a Higher Power. Therefore, participation in twelve-step meetings is not mandatory but will be strongly encouraged.

Secular Organizations for Sobriety

Offenders who prefer a secular self-help group may participate in Secular Organizations for Sobriety (SOS) meetings instead of or in addition to AA or NA. Secular Organizations for Sobriety is a secular alternative to the twelve-step recovery program. It is an individual-centered cognitive approach to support individuals' sustained recovery and utilizes secular humanism principles. Gateway will continue to provide literature and instruction on SOS recovery philosophies and SOS self-help.

Peer Support Groups

Gateway staff members will provide instruction and available literature regarding Peer Support Groups. Peer-support groups are conducted during the treatment process. These peer support groups are similar to other self-help groups, but also promote and reinforce related treatment principles. While self-help groups tend to provide an arena to allow individuals to express themselves and be heard, peer-support groups tend to challenge and encourage more interaction. That is, in peer support groups, clients are not only listened to; they are frequently and actively responded to and confronted when necessary. Clients typically participate in peer support groups twice weekly, but Gateway will adjust these meetings according to the preferences and needs of the Department.

2.2.3 PROVISION OF SERVICES WITHIN THE START-UP PERIOD

As the incumbent treatment provider at WERDCC and NECC, Gateway has the staff and program elements currently in place. **Because we have qualified staff on-site and effective policies and protocols in place, we are fully prepared to continue delivering services at these two facilities on July 1, 2012, with absolutely no interruption of services to clients. Implementation will consist only of adapting our existing treatment services to meet the requirements of the new contract.**

We are able to continue service provision until the new contractual requirements are put in place so that there will **be no interruption or lapse in services. Gateway expects to provide uninterrupted services at WERDCC and NECC upon notification of the award,** and we anticipate that any adjustments to the program will be completed within 14 to 30 days of our notice of award.

Our current services will be implemented without interruption, and existing offenders will experience a seamless transition to the new contract. **Gateway, as the incumbent provider, is the only applicant that can ensure that the clients receive no negative consequences from the contract renewal. Staff, caseloads, and service delivery will seamlessly continue as we enter the new contract period.**

In the highly unlikely event that we are unable to begin providing services by the startup time period specified on the Price Page through no fault of Gateway, we understand that we may submit a request for an extension, up to thirty (30) calendar days beyond the original startup date. We acknowledge that approval or rejection of the request will be at the discretion of the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services.

Based on our history of uncomplicated start-up efforts, Gateway expects no complications during the start-up process. In addition to the assurances we can provide with respect to the service continuation at WERDCC and NECC, Gateway is in a unique position to efficiently initiate services at CCC. Gateway will ensure that services are delivered within 30 days of contract inception as indicated in the transition plan included on the following pages

PROPOSED IMPLEMENTATION PLAN

Specific start-up activities will commence upon notice of award and will continue until start-up is complete forty-five (45) days from execution of a contract. Most of the start-up activities will be initiated in the first 7 to 10 days of the implementation period, with incremental progress proceeding throughout the start-up period until the program is fully operational. As Gateway is the incumbent provider of services at WERDCC and NECC, the start-up activities will center on the implementation of interventions that are new to this proposal, and the expansion of the NECC program. For the programs at CCC, the start-up activities will include a comprehensive plan to establish the program services as described in our proposal. The start-up activities will include, but not be limited to the following functions:

ADMINISTRATIVE FUNCTIONS

The following tasks can be accomplished at our **Corporate Office in Chicago, IL.**

- Complete any application processes necessary to enable Gateway to provide treatment services at CCC.
- Coordinate between the Department and Gateway's Accounts Receivable Department to set up billing mechanisms for the additional site (CCC).
- Coordinate and establish procedures to facilitate effective reporting activities for all programs.
- Assist the implementation team and coordinate with the Department in developing program materials.
- Arrange for timely delivery of items needed to implement program services, such as equipment and Gateway forms.

HUMAN RESOURCES FUNCTIONS

Once awarded this contract, we will implement a zealous plan for hiring at the Chillicothe Correctional Center. Our top priority will be to hire an effective Program Director. Our start-up team will include a member of our Human Resources Department to assist with hiring. First, we will interview staff members currently providing services at CCC through the existing contract. For those who meet Gateway standards for hiring, we would welcome their expertise, especially with respect to their existing familiarity with the site and the offenders there. Gateway will review applicants with the Department and seek guidance regarding any hiring decisions of existing personnel. The focus at WERDCC and NECC will be to hire staff for the vacant and expanded positions not currently part of the staffing pattern (i.e., growth due to the lower staff to client ratio at WERDCC and the additional beds for the NECC program).

In addition, staff members from our many other corrections-related or community-based programs are available to assist in start-up efforts, or may even apply for permanent positions at CCC, WERDCC and NECC. Finally, we will recruit and hire staff from the community through advertising for remaining staff positions, and coordinate as necessary with the Department. In

fact, our Human Resources Department has actively familiarized itself with the availability of substance abuse treatment professionals in Missouri as well as compensation expectations in the facility areas in an effort to prepare for providing services there should we receive the contract award.

The Human Resources Specialist will facilitate all aspects of hiring including interviews, background and reference checks, urine testing, benefits, payroll issues and initial orientation to Gateway policies. We have found that providing a representative onsite allows for comprehensive and efficient recruitment and preparation of staff, which allows Gateway to shorten the initial start-up period. The interview and selection process will continue throughout the start-up period until a full complement of staff is hired. Further details on staff recruitment, hiring and retention policies are provided elsewhere in this proposal.

INFORMATION SERVICES FUNCTIONS

Our Information Services Department (IS) will systematically investigate, then coordinate information and technological needs and resources with the Department to ensure compliance with the contract. The main focus of the IS team will be to work with the Office of Administration personnel on the installation of the Gateway server for the DENS assessment application (as described in Section 3.7 of our proposal).

IMPLEMENTATION TEAM RESPONSIBILITIES

- Provide services to clients as reasonable on an ongoing basis and monitor status of treatment milieu throughout the start-up process and assist new staff to assimilate to the treatment unit.
- Review current Department structure, policies and procedures with Department personnel
- Meet with the Superintendent, CCC staff, and clients, in combination or separately, on a routine basis to facilitate communication of start-up progress, solicit feedback and provide instruction, orientation and training as needed
- In conjunction with the department, adapt Gateway curriculum to fit the requirements of CCC, WERDCC and the clients in Missouri.
- Submit weekly Transition Report, detailing progress, to VP, Corrections Programs and the department.
- Provide unit staff with proposal and contract for services
- Set up office and office equipment, train staff as necessary
- Post Gateway philosophy, treatment slogans, etc. as allowed by the institutions.
- Develop staff assignments and schedules and notify the department.
- Develop policies and procedures manual to fit the contract requirements and to meet the needs of the Department. Each of Gateway's existing programs, including programs delivered in correctional institutions much like those in Missouri, are operated according to written policies and procedures. Thus, Gateway is fully capable of quickly developing a policies and procedure manual specific to the treatment activities in Missouri.

- Conduct a training needs assessment and initiate training for staff members and Department staff (with permission from the Department). Gateway understands that staff training is essential for delivery of high quality services.
- The implementation team will make it a priority to identify and provide for the training needs of on-site Gateway staff and Department personnel, particularly with respect to the unique aspects of Gateway's treatment philosophies. We will also ensure that staff participates in any Department-initiated training experiences upon request. Many of our agency managers are experienced trainers and able to provide for the majority of staff development needs. Training efforts will continue on an ongoing basis throughout the term of the contract.

Typical training needs for start-up include documentation, orientation, groups, schedule development, curriculum, treatment philosophy and other topics determined by the training needs assessment. Training will also be tailored to each staff person according to his/her job position (e.g., Program Director vs. Administrative Assistant). Staff training will also include instruction on utilization of the ASI. We have found from our transition experiences that require us to take over services provided by the incumbent provider that staff require training in performing the basic activities of a treatment community such as encounter groups, process groups and individualized treatment planning. Agendas for staff training will be developed on a weekly basis or as necessary.

- Develop Orientation Manual specific to CCC, and make modifications to the WERDCC and NECC manuals as necessary due to any new contractual requirements.
- Meet with CCC Warden and department staff to begin establishing a working relationship at the new institution.
- Arrange for staff to meet with Security for initial, mutual cross training sessions
- Meet with Department representatives to delineate performance expectations and set-up referral procedures for referring clients into and out of the program
- Determine with the department the date Gateway will be responsible for clinical records, and develop schedule to prepare and accomplish transition of records from current provider.
- Work as a team with the Department to integrate program operations and ensure a smooth transition. Focus will be on being able to provide services to inmates as soon as possible to avoid any lapse in services.

These tasks will be prioritized and addressed to meet the needs of the offenders and employees.

The following table details the elements of Gateway's Implementation Plan. Our implementation plan is designed to remain flexible so that we can adapt to the needs of our clients and to institutional and Departmental requirements. Thus, the plan is meant as an estimation of activities and timeframes.

PROGRAM COMPONENT/TASK	DATES ACCOMPLISHED (BEGIN – COMPLETE)	PERSONS ASSIGNED	EST. PERSON DAYS	DELIVERABLE PRODUCTS
Administrative Functions				
Complete any application processes necessary to enable Gateway to provide treatment services at CCC	Process already completed	Corporate Office Business Manager	2	Completed application process with Gateway licensed to do business in Missouri
Coordinate between the Department and Gateway's Accounts Receivable Department to set up billing mechanisms	Contract execution date – 4 weeks	Accounts Receivable personnel	7	Billing processes established and approved by the department
Coordinate and establish procedures to facilitate effective reporting activities	Contract execution date – 4 weeks	Information Services personnel	6	Procedures established for reporting activities, approved by the department
Assist the implementation team and coordinate with the Department in purchasing or developing program materials	Contract execution date – 4 weeks	Regional Director, Purchasing Department personnel, Implementation Team	5-10	Program materials developed and delivered
Arrange for timely delivery of items needed to implement program services, such as equipment and Gateway forms	Contract execution date – 4 weeks	Purchasing Department personnel, Implementation Team	4	Equipment and forms delivered
Information Services Functions				
Investigate, then coordinate information and technological needs and resources with the Department	Contract execution date and/or date of award notice	Information Services personnel (on site and Corporate Office)	7	Information Services technological needs and resources established on site and at Corporate Office, as needed
Work with departmental, institutional and OA staff to install the Gateway servers at WERDCC and CCC and install the network version of Gateway's DENS application	Upon contract execution and/or date of award notice	Information Services personnel (on site and Corporate Office)	30-60	Installed network version of the DENS application, and mapped access to all clinical staff PC's

PROGRAM COMPONENT/TASK	DATES ACCOMPLISHED BEGIN – COMPLETE	PERSONS ASSIGNED	EST PERSON DAYS	DELIVERABLE PRODUCTS
Human Resources Functions				
Recruit staff	Contract execution date or sooner with Department permission; 7 to 15 days after contract execution	Human Resources personnel (on site and Corporate Office), Implementation Team	14-20	Full complement of staff hired
Interview staff members currently providing services at the proposed site pursuant to the existing contracts	Contract execution date or sooner, as above -- within 5 days	Human Resources staff onsite, Implementation Team	10	All existing staff interviewed
Advertise vacancies as needed, externally and internally	Immediately after interviews with existing staff, if needed	Human Resources personnel	0.5	Vacancies advertised internally and externally as needed
Perform background and reference checks, urine testing, benefits, payroll issues and initial orientation to Gateway policies regarding new hires	Immediately as of hire dates of staff – 4 weeks	Human Resources staff (on site and Corporate Office)	7	All tasks completed for new hires
Implementation Team Functions				
Provide services to clients as reasonable on an ongoing basis and monitor status of treatment milieu throughout the start-up process, while assisting new staff to assimilate to the treatment unit.	First date of contract term -- 30 days later, as needed	Implementation Team	40	Clients continue to receive service as dictated by contract
Review current Department structure, policies and procedures with Department personnel	Date of award notification and/or date of contract execution -- 3 days later	Implementation Team and Program Director, once hired	3	Meeting with Department to review structure, policies and procedures accomplished

PROGRAM COMPONENT/TASK	DATES ACCOMPLISHED (BEGIN – COMPLETE)	PERSONS ASSIGNED	EST. PERSON DAYS	DELIVERABLE PRODUCTS
Implementation Team Functions--Continued				
Meet with Warden, CCC staff and clients, in combination or separately, on a routine basis to facilitate communication of start-up progress, solicit feedback and provide instruction, orientation and training as needed	Date of award notification and/or date of contract execution -- ongoing until program start up date	Implementation Team and Program Director, when hired	20	Communication, training, instruction and orientation with staff accomplished; positive and communicative relationship with Department established and maintained
In conjunction with the Department, adapt Gateway gender-specific curriculum to fit the requirements of the Department and the clients at WERDCC and CCC	Date of award notification and/or date of contract execution -- ongoing until program start up completed	Program Director, when hired; Implementation Team	30	Curriculum adapted and established
Submit weekly Transition Report, detailing progress, to VP, Corrections Programs and DORS staff	Weekly from date of contract execution until program start date	Regional Director, then Program Directors, when hired.	1.5	Transition Reports timely and thoroughly completed, and delivered to DORS ATCs weekly
Provide unit staff with proposal and contract for services	Immediately upon hire of Program Director	Regional Director	0.3	Proposal and contract for services delivered to Program Director; Program Director train staff regarding contract requirements
Set up office and office equipment, train staff as necessary	Date of contract execution	Implementation Team	40	Office and equipment set up, completion of staff training as detailed in proposal accomplished
Post Gateway philosophy, treatment slogans, etc. as allowed by institutions	Date of contract execution -- 7 days later	Implementation Team	2	Information posted

PROGRAM COMPONENT/TASK	DATES ACCOMPLISHED (BEGIN – COMPLETE)	PERSONS ASSIGNED	EST. PERSON DAYS	DELIVERABLE PRODUCTS
Implementation Team Functions--Continued				
Conduct a training needs assessment at CCC and initiate training for staff members and Department staff (with permission from the Department).	Immediately with staff as they are hired – 4 weeks	Implementation Team	6	Staff training needs assessed and training initiated
Develop Orientation Manual specific to CCC, update WERDCC/NECC manuals as needed.	Date of contract execution -- 30 days later	Regional Director and Implementation Team	5	Meeting with CCC and Orientation Manual developed in collaboration with WERDCC Director and DORS
Meet with CCC representatives on ongoing basis	At the earliest possible opportunity once contract is awarded	Regional Director	5	Immediate and weekly meetings with CCC accomplished
Arrange for staff to meet with Security for initial, mutual cross training sessions	No later than 6 weeks from award	Regional Director and staff hired to provide services	25	Staff hired meet with Security for mutual cross training
Meet with Department representatives to delineate performance expectations and set-up referral procedures for referring clients into and out of the program	No later than 6 weeks from award	Program Director, Office Managers	2	Meeting as described accomplished; expectation/procedures discussed and established
Determine with the Department the date Gateway will be responsible for clinical records, and develop schedule to prepare and accomplish transition of records from current provider.	No later than 6 weeks from award	Regional Director, Program Director	1	Determination of date accomplished and schedule for transition of records from current provider established

PROGRAM COMPONENT/TASK	DATES ACCOMPLISHED (BEGIN – COMPLETE)	PERSONS ASSIGNED	EST. PERSON-DAYS	DELIVERABLE PRODUCTS
Implementation Team Functions--Continued				
Develop staff assignments and program schedules in collaboration with the Department	Date of contract execution -- 10 days later	Regional Director, then Program Director, when hired.	3	Meeting with the Department to collaborate, and subsequent staff assignments and program schedules accomplished
Develop policies and procedures manual to fit the contract requirements and to meet the needs of the Department.	Date of contract execution -- 45 days later	Regional Director and Implementation Team	5	Policy and Procedure Manual updated for approval by DORS

TRANSITION TEAM COORDINATION WITH THE CRIMINAL JUSTICE SYSTEM

Our ability to coordinate with the Department and CCC, WERDCC and NECC during implementation and throughout the contract term is described in the above implementation plan and throughout the proposal. Indeed, it is our ability to collaborate with funding agencies that has largely contributed to our success over the past thirty-plus years. Gateway has already begun this collaboration process. We have identified various resources for recruiting and training staff (Missouri colleges and newspapers),

Our Transition Team will work hard to establish procedures and mechanisms for ongoing conversations with Department representatives and institutional staff. The team will serve as a liaison between Gateway staff, the Department, the self-help community and aftercare providers on an ongoing basis to ensure smooth transitions of client into and out of the our treatment program in an efficient and effective process.

CROSS-TRAINING

Gateway has developed a process for providing cross-training to Department staff. We have found over the years that our cross-training efforts have gone far to develop positive, mutually beneficial relationships between our staff and Department representatives and contribute to quality treatment services in corrections arenas.

Typically, the Department training includes classroom instruction and/or "train-the-trainer" efforts for Department staff. The training will be fashioned to support the Department's efforts in educating its staff as to the nature and characteristics of addiction and recovery, with a focus on assisting Department staff to understand that substance abusers change and recover, and with particular emphasis on enhancing a "team effort" approach.

A mutually convenient schedule will be arranged with the Department, and the training sessions will be provided according to the following curriculum.

Module 1: Introduction and Training Goals
Module 2: Why Provide Drug Treatment in a Correctional Setting?
Module 3: Benefits of Drug Treatment in a Correctional Setting
Module 4: The Cultures of Treatment and Corrections
Module 5: Clarifying Systems and Roles
Module 6: Partnership between Treatment and Corrections

Gateway will provide cross-training for corrections staff or any other Department representatives as requested by the Department. Gateway will attempt to provide cross-training on an ongoing basis and at various times of the year, to accommodate the training needs of newly hired corrections personnel as needed. All Department training experiences will be evaluated on a regular basis, and Gateway will solicit feedback from Department staff. The evaluations and feedback will be utilized to adapt training efforts to better meet Department needs, including the need to expand training for certain topics or to provide education in additional areas.

Gateway will also provide program-related training sessions with Institution and Parole staff, and community based treatment personnel on an as-needed basis and as approved by the Department. The training will focus on discussion of in-prison services, Gateway's role, and the community treatment referral process. We look forward to this opportunity to educate all persons concerned with respect to how to best understand and meet the treatment, referral and continuing care needs of the clients.

Gateway will establish a cross training schedule in cooperation with the Department and according to the Department's scheduling needs.

2.2.4 COSTS FOR MATERIALS, LABOR, EQUIPMENT, AND SUPPLIES

Gateway will furnish all material, labor, equipment, and supplies necessary to perform the services required.

Gateway currently complies and will continue to comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and any other federal and state laws, rules, regulations and executive orders to the extent that these may be applicable.

2.2.5 COSTS FOR PROVIDING SERVICES

Gateway will assume all costs for providing services, except as otherwise specified herein.

a. Gateway understands that the Department will not provide private telephone lines, fax lines, or fax equipment. As the incumbent provider, Gateway currently maintains private phone lines and a fax line at Ozark Correctional Center, as approved by the Department.

b. Gateway understands that the Department will assume responsibility for the upkeep, maintenance, and repair of the correctional facility, providing office space, furnishings (i.e. desks, chairs, furniture), and utilities except as listed in 2.2.5 a.

c. Gateway understands that the Department will provide and make available all labor, equipment, supplies, and other materials as may be necessary for the upkeep and sanitation of the Department facility.

2.2.6 ACCESS TO THE DEPARTMENT'S DATABASE

If deemed necessary, the Department will provide Gateway with access to the Department's database and to the MOCIS system when the Healthcare Module is implemented.

a. The Department has agreed to provide computers to Gateway for on-site services, per Amendment 1 of this RFP. Based on our present operations and the tour of CCC, Gateway anticipates that the number of computers provided will be what is needed to provide the services outlined herein. If, based on the required staffing in this contract, additional equipment will be required, Gateway will provide the Department with the number of additional computers needed and the proposed use of each computer. We understand that the actual quantity of computers provided will be subject to the Department's approval based upon availability, proposed usage, and proposed location of the computer. For off-site locations, Gateway will be responsible for providing computer hardware, line charges and/or installation costs.

Gateway is requesting permission to retain three vendor-owned computers at WERDCC, two vendor-owned computers at NECC, and hereby requests permission to install three vendor-owned computers at CCC, all for administrative and management purposes. Gateway will continue to provide PCs for the Director and the administrative support personnel. As the Department can provide hardware and software for line staff, Gateway will not provide computer equipment for its clinical personnel.

b. Access to Department information systems will only be provided on a need-to-know basis. Approval for access will be obtained through the Warden and will be limited to contractor staff who have approved access by the Director of Information Systems. As the incumbent, this approval has been granted for all current Gateway staff, and we anticipate approval of the same at CCC upon award of this contract.

c. The Department has provided and will continue to provide any computer requiring Department network access. Pursuant to our discussions during the pre-bid conference, Gateway is requesting permission to install a server at the CCC and WERDCC locations, to be connected to the Department's network, in order to provide our network version of the assessment software package (DENS). We believe that the offer of VPN access to the server will allow us to provide this to these programs, and we anticipate negotiating the specifics with department and Office of Administration personnel upon award.

d. Gateway agrees that if computers and internet access are requested for use by Gateway, all approvals will be received in advance through the CCC/WERDCC/NECC Wardens, the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services and the Director of Information Systems/Corrections. Currently appropriate approvals have been granted for all Gateway staff. It is understood that additional staff will be required to also obtain these approvals.

2.2.7 WRITTEN COMMUNICATIONS AND MATERIALS

Gateway understands that the Department will have the right, at any time, to review and approve all written communications and materials developed and used by Gateway to communicate with offenders. In addition, Gateway will coordinate and submit for approval any formats, forms and materials to the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services prior to their use.

Any and all standardized forms used by Gateway that are not official Department forms must be approved (as to content and format) in writing by the facility Wardens and the Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services. Gateway and Department staff will use the same Department approved forms for consistency. If a specific quality assurance format is required by the Division of Offender Rehabilitative Services, Gateway will comply as requested.

As the incumbent, Gateway has obtained all proper approvals and can continue to use the approved forms without any time lag that would be required for a new vendor to obtain these approvals. It is understood that Gateway will not use the name, logo, or other identifying marks of the State of Missouri or the Department on any materials produced or issued, without the prior written approval of the Department.

2.2.8 DAYS OF SERVICE PROVISION

Gateway agrees to provide services six (6) days per week (Monday through Saturday) at WERDCC and CCC for short-term, intermediate, and long-term services and five (5) days per week (Monday through Friday) for the Partial Day and Relapse programs at CCC and services provided at NECC, although staff are not required to provide services on state holidays. We have included a sample weekly schedule of program services in a later section of this proposal to demonstrate how we intend to comply with this requirement.

2.3 SPECIFIC SERVICE REQUIREMENTS

2.3.1 PLAN FOR SEAMLESS INTEGRATION OF PROGRAM SERVICES INTO EACH FACILITY'S ORGANIZATIONAL STRUCTURE AND FUNCTIONS

Without exception, in all of our correctional treatment programs, we have found that a team approach with representatives of the Department is essential to service delivery and improves treatment efficacy with this population. At WERDCC and NECC, we already have demonstrated that this approach is an essential tenet of the therapeutic milieu to ensure an "integrated" treatment environment. We will employ the same approach to providing services at CCC.

Gateway staff will work closely with the Wardens, Department representatives, correctional counselors, case workers, and probation and parole officers to determine clients' needs and to develop treatment plans and social service linkages that address those needs. Counselors will work closely with Department staff to develop effective sanctions and treatment strategies. We will provide extensive opportunities for interaction and discussion of client progress (or lack thereof). Meetings or conferences with Probation and Parole officers may include clients and significant others, if appropriate.

Our recent start-up experience at the St. Joseph Treatment Center facility demonstrates Gateway's unique ability to integrate service delivery into the framework of the institutional needs. We will continue the excellent relationships already established at WERDCC and NECC to implement our integration techniques as applicable at CCC.

With respect to coordinated efforts, Gateway currently has an excellent relationship with the administration and staff at WERDCC and NECC and will establish the same working relationship at CCC. We will communicate and interact with DOC staff in a variety of ways and at all levels. The methods of integration with the Department are described as follows, and Gateway is committed to continuing and improving on these procedures based on the Department's needs and recommendations.

Daily communication will continue to take place between Gateway staff members and Department staff onsite. Gateway clinicians will communicate with Department staff whenever there is an issue with a client, such as behavior management or treatment progress.

Gateway also will hold a **clinical staff meeting at least monthly** that is attended by Gateway and Department staff. During this meeting, client progress is reviewed for the appropriateness of phase changes, discharges, and behavior issues. Everyone provides input into the decisions on clients.

Our general approach to treatment planning involves a **comprehensive team effort** with input from representatives from various departments within the facility, including but not limited to treatment services staff, education, security and other key DOC staff. Our approach illustrates

our intent to have each department to make meaningful contributions to treatment services and is yet another example of our means of open communication and cooperative relationship between Gateway and the Department's various domains.

Gathering information from all aspects of the facility allows the team to gain a **holistic picture of each client**. The information is important in aiding the clinical staff in making effective treatment recommendations and decisions. Information compiled includes the following: 1) basic information on clients who have progressed through treatment, 2) the client-driven social perspective of the client's progress; 3) assignment and performance as a positive role model within the TC; and 4) overall activity in the living quarters. This information is taken quite seriously by clinicians as indicators of progress or for evaluating the need for intervention.

Additional **feedback is collected from various departments** at the facility that support treatment. This information includes information such as security violations; appointments missed at the medical department; or clients missing a session without proper notice; and similar information from available sources. Of course, Gateway staff pursues specific information on *any issue* pertaining to the clients' treatment needs from various departments and disciplines as needed for treatment planning purposes.

Ongoing communication occurs in several ways. Gateway staff will maintain a **communications notebook** to convey pertinent information from shift to shift. Both program staff and corrections officers are invited to take part in the review committee process when evaluating client applicants for jobs within the job hierarchy. Gateway staff members **encourage corrections officers to participate in as many therapeutic activities** as they are able. This results in greater knowledge of many officers about the treatment process and the treatment continuum.

Input from corrections officers may be entered in a client's treatment record by the clinical staff. As clients prepare for release, counselors confer with other treatment staff, probation or parole officials, and appropriate Department officials to insure the most appropriate placement and effective case management for the clients' transitional needs. This collaboration ensures continued attention to clients' needs during the transition from treatment to aftercare placement.

Gateway recommends that our **clinicians and Department representatives on site meet jointly at least once each week** to discuss program issues and individual client progress. This joint staffing goes far to ensure that Gateway and the Department continue to communicate and provide services in a consolidated manner. We look forward to developing a joint clinical staffing plan with the Department.

An important aspect of our collaboration and integration with the Department's program will involve the **program schedule**. Gateway has developed effective schedules for a variety of programs, and we are well-versed in collaborating with corrections agencies in developing schedules that meet the needs of the Department and of the clients.

In corrections environments, Gateway is aware of various security issues and other agency concerns, such as the need for scheduled and/or random "counts" and the importance of providing for control of inmate movement with respect to the program schedule. We will therefore adapt our schedule to accommodate the Department's schedule in this regard, and address the need for escorts during client movement, supervision of client visitation, recreation and other activities as we **work closely with Facility representatives in designing program schedules.** The treatment schedule will prioritize service of individual treatment needs.

In any event, Gateway will work closely to **adopt program schedules** that best serve the interests of the Department and the program participants at each facility. All activities will be scheduled according to institutional restrictions, and the proposed schedule is subject to adjustment based on our collaboration with the department.

As the incumbent provider at WERDCC and NECC, Gateway already has a **Department-approved plan for system integration** into its organizational structure and its delivery of treatment services to the targeted groups. An additional plan will be developed for CCC that is tailored to the clients at that facility. All aspects of these plans, with adjustments made to meet the requirements of this IFB, are explained in the various sections of this proposal.

In all of Gateway's treatment programs in correctional facilities, our philosophy has been and continues to be: First and foremost, "We are a guest in your home." Gateway strives to maintain a **positive, cooperative relationship** with the corrections agencies we serve. We proceed with care to respect each agency's laws, rules, regulations and procedures.

We further **adapt to the specific protocols** (scheduling, security, etc.) required by each institution. In turn, we hope to foster a sense of **mutual respect and camaraderie** that we believe translates into the highest quality of service for the agency and for each individual client. Therefore, Gateway structures each of its correctional programs according to the requirements of the hosting agency.

In addition to the strategies previously mentioned, Gateway has established an **Oversight Committee** to oversee the treatment programs at WERDCC and NECC. Our Oversight Committees typically consist of state agency representatives, Gateway staff, wardens, correctional officers, correctional case workers and representatives from probation and parole.

With respect to our current WERDCC programs, the Oversight Committee meets every month. We recommend that the Committee be supervised by the Center Director in conjunction with the Superintendents, with the Functional Unit Managers (FUM), our Area Treatment Coordinator, and representatives from the Board of Probation and Parole, Medical Department, Mental Health Department, Security, and Education Department in attendance.

An Oversight Committee guides each of our criminal justice programs. Each Oversight Committee meets to identify, discuss and resolve problems or issues pertaining to the relevant treatment program. This multidisciplinary process greatly benefits all concerned, particularly the

offenders. By fostering communication among all parties, problems are identified before they occur and treatment efforts continue to be enhanced. As such, the Oversight Committee has become a valuable management tool at Gateway locations and has become very useful for the joint management of WERDCC and NECC and will be for CCC.

At WERDCC and NECC, special consideration is always given to the fact that many offenders face. Educational deficits, mental health issues, and medical issues often require special accommodations for offenders to benefit from and successfully complete the treatment program. Here again, the integrated treatment team works together to identify what impact offenders' special needs may have on their ability to comply with normal programming. Appropriate accommodations are identified in consultation with the various disciplines to respond to these needs. Assignments and processes will be modified to allow for the challenges these offenders face; however, these are informed modifications based on the input of medical, mental health, or education professionals.

Modifications are based on extensive interdisciplinary staffing to protect offenders and the integrity of the program from reactive actions or unfounded assumptions related to offenders' abilities. Furthermore, when a Program Review Committee is necessary to evaluate offenders' behavior or progress, the meeting is attended by the appropriate department (mental health, medical, or education) that can best evaluate the impact of the offenders' special needs on their overall performance.

Every Gateway staff person at WERDCC/NECC contributes to the overall treatment experience of the offenders. From orientation to treatment and assignment to work details and throughout every aspect of programming, the treatment experience at the WERDCC/NECC is the result of a multidisciplinary, interagency, team-centered approach. The evident collaborative effort of the entire community demonstrates that Gateway Foundation and DOC have established a collaborative relationship and a unified approach to a joint mission. The end result is that everyone benefits. The institution is a safer, more satisfying place to work for staff. Offenders receive much more in-depth assessment and individualized treatment services. Treatment is more successful, and the community is made safer. Awarding the contract to Gateway would ensure the continuation of this highly effective and beneficial partnership.

Although we expect that many clients will remain resistant to treatment and that it may take several tries to truly engage the client in the recovery process, our experience has been that this team approach prevents clients from "falling through the cracks" and results in fewer clients disengaging from the treatment process. Gateway has implemented a system in the current contract that has resulted in reductions in program withdrawals and terminations and that trend continues at this time.

These reductions are directly linked to efforts made by both Gateway and Department personnel to help offenders work through the stages of change and apply appropriate interventions for offenders who are either contemplative or who have drifted back into the precontemplation phase.

2.3.2 Service Modification and Ongoing Consultative Communication

Gateway is fully committed to ongoing consultative communication with state agency personnel. We believe that Gateway and state agency personnel must work closely together as a team for the treatment experience to succeed. Various aspects of our commitment to integrate other personnel are evident throughout this proposal.

We have found that a team approach with representatives of various state agency services improves treatment efficacy with this population. Counselors work closely with the case managers, wardens, correctional officers, correctional case workers and probation and parole officers to develop effective sanctions and treatment strategies. Counselors assess offenders' other social service needs—e.g., food, clothing, appropriate housing, vocational training or other vocational assistance—and attempt to link offenders with these services prior to release. We will continue to provide extensive opportunities for interaction and discussion of offender progress (or lack thereof). Meetings or conferences with correctional case workers, probation and parole officers may include offenders and significant others, if appropriate, and could involve conference calls if issues need to be addressed quickly.

With respect to coordinated efforts specific to WERDCC/NECC, Gateway has developed and maintains an excellent relationship with the site's administration and staff. We communicate and interact with state agency staff in a variety of ways, and at all levels. Our methods of integration with the institution are described below, and we are committed to improving these procedures as needed.

Daily communication takes place between Gateway staff members and staff at WERDCC/ NECC. Clinicians communicate with Department staff whenever there is an issue with an offender, such as behavior management, treatment progress, and movement outside the facility. Gateway management also communicates directly with the Warden and/or the Department Area Treatment Coordinator when special conditions, events, or accommodations require higher level coordination.

Gateway attends a **daily management team meeting**, attended by Gateway management and the Department's representatives. Additionally, Gateway attends a monthly meeting of all Department Heads at each institution. These meetings are facilitated by the Warden of the facility.

2.3.3 Consistent Staff Coverage During the Work Week

Gateway understands that service needs must be covered consistently during the work week in order to meet both Department requirements and institutional needs for timeliness. We have prepared a staffing pattern with sufficient staff (presented later in this proposal) to assure that this occurs and will have trained back-up staff available as needed to administer services and assessments according to the timelines required by the IFB.

2.3.4 EMERGENCY/CRISIS COUNSELING

The collaborative environments already established at WERDCC and NECC are conducive to effective crisis intervention. The open line of communication already operational as standard procedure enables swift and effective crisis intervention and referral to take place.

Gateway staff are regularly trained in crisis intervention protocols. In the event of a crisis situation, staff are directed to first secure the safety of the offender and to maintain constant contact with the offender until control has been transferred to the appropriate Department representative.

Initial contact is made with the custody supervisor and then with mental health and/or medical personnel as appropriate. All crisis situations are staffed by the interdisciplinary case management team after initial intervention has secured the safety of the individual(s) in crisis.

2.3.5 GENDER-RESPONSIVE, EVIDENCE-BASED TREATMENT

Theoretical Framework for Gender-Responsive Programming

Research has shown that addicted women offenders have multiple psychosocial problems including mental illness, histories of trauma and abuse, and involvement in abusive relationships (TAP 23, 1999). Treatment programs for women in the criminal justice system must therefore address these co-occurring problems through thorough comprehensive assessment of their needs, a menu of gender-responsive treatment interventions, and continuity of care from the time of incarceration through re-entry into the community. Gateway understands that the treatment issues of women are unique and require thoughtful attention and creative approaches to best assist women to adopt recovery-focused and productive lifestyles. This is particularly important to Gateway because **we treated more nearly 5600 women in FY 2011, nearly half of whom were served through our corrections programs.**

Designing and implementing treatment services for women begins with the conceptual foundation that **gender matters--significantly.** Gateway's experience working with women in the criminal justice system supports the theory that women become involved in the criminal justice system via different "pathways" than men who enter the system. Research related to Pathways Theory has reinforced the premise that there are "profound differences" between men and women in the factors ("pathways") that shape their entry into criminality (Steffensmeier & Allen, 1998).

Women are at greater risk for traumatic experiences such as physical, mental, and/or sexual abuse and domestic violence, and those who struggle for personal or economic survival may find themselves seeking answers in illegal or dangerous activities that lead them down "pathways" into criminal behavior and subsequent incarceration. Treatment must focus on helping these women identify and travel new paths to different lifestyles.

Because of the different factors that lead men and women into the criminal justice system, "traditional treatment models and interventions developed primarily for male offenders must be adapted to address women's unique needs. Gender-responsive treatment is based upon a theoretical framework that takes into account the fact there is no "one size fits all" approach to treatment that works equally well for both men and women. Therefore, Gateway's theoretical framework for providing services for women at WERDCC and CCC includes a variety of theoretical perspectives and approaches to address the myriad needs of program participants:

- Theories that provide the framework for gender-responsive programming
- Theories that provide the framework for motivating behavior change
- Theories that provide the framework for addressing substance abuse and mental health disorders
- Theories that provide the framework for changing criminal behavior

Each category of theoretical frameworks is discussed in the sections that follow.

WOMEN'S INTEGRATED TREATMENT

The overarching theoretical framework for Gateway's proposed treatment program for WERDCC and CCC women, developed by Stephanie Covington, Ph.D. and known as **Women's Integrated Treatment (WIT),** incorporates the definition of and principles for gender-responsive services, related theories, and multidimensional therapeutic interventions. According to Covington, the term "gender-responsive" in reference to treatment refers to "*creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives, and is responsive to the issues of the clients* (Covington, 2001).

As described by Covington (2008), three fundamental theories underlie the WIT model.

RELATIONAL-CULTURAL THEORY

Relational-cultural theory emphasizes women's motivation and need to establish and maintain a strong sense of connection with others because their sense of self and self-worth are intricately interwoven with their relationships. Females in general develop a sense of self and self-worth when their actions generate connectedness with others. Female offenders are no different from other women in this respect, although the lack of connection and positive relationships that often characterized their childhoods may have been a source of great pain, followed by dysfunctional behaviors in the form of substance abuse or criminal behavior.

Women often use drugs or participate in criminal behavior as a way to make or keep relationships. For example, women are more likely than men to turn to drugs or crime as a means of "connecting" with male drug-abusing or criminal partners. Even in correctional environments, the relational aspect of treatment plays an important role in women's recovery. In treatment, they come to understand how destructive their past means of "relating" to others have been and how to develop healthier ways to relate to and connect with others.

ADDICTION THEORY

Women's addictions are not limited to alcohol and drugs; they include eating disorders, gambling, sex, smoking, shopping, etc. that have physical, emotional, psychological, social, and spiritual dimensions. However, although addiction is considered a chronic, progressive disease, it often is addressed with an acute care medical model rather than the chronic-disease model of care.

To counteract this tendency to offer acute interventions, the "behavioral health recovery management" (BHRM) concept employs disease management approaches similar to other chronic health problems by focusing on quality-of-life, offering a broader range of services earlier, and extending treatment well beyond traditional (medical) services. With BHRM, acute interventions are replaced with a continuum of care for addiction that includes (1) pretreatment (recovery-priming) services, (2) recovery mentoring through primary treatment, and (3) sustained, post-treatment, recovery-support services (Boyle et al., 2005).

By incorporating these "non-acute" components of care, the BHRM approach to treatment is consistent with the concept of holistic health care. According to Covington (2008),

> *An integration of BHRM and the holistic health model of addiction is the most effective theoretical framework for developing treatment services for women because it is based on a multidimensional framework. It allows clinicians to treat addiction as the primary problem while also addressing the complexity of issues that women bring to treatment: genetic predispositions, health consequences, shame, isolation, histories of abuse, or a combination of these. When addiction has been a core part of the multiple aspects of a woman's life, the treatment process requires a holistic, multidimensional approach.* (p. 379)

TRAUMA THEORY

"Trauma is both an event and a particular response to an event. The response is one of overwhelming fear, helplessness, or horror" (Covington, 2008, p. 379).

Though many women experience some degree of trauma in their lifetimes, those who lack effective coping skills to overcome and move beyond the traumatic events may engage in counterproductive behaviors, such as drug use, as their means of coping. Today, any treatment program for women should be "trauma-informed" and incorporate services based on knowledge of the impact of trauma in all aspects of women's lives. Trauma-informed services take trauma into account while avoiding triggering trauma reactions and/or re-traumatizing the individual. Clinicians' actions must support the women's coping capacities to help them manage their trauma symptoms successfully to benefit from a holistic approach to treatment.

Psychiatrist Judith Herman (1997) defined trauma as a disease of disconnection and proposed a three-stage model for trauma recovery that involves safety, remembrance and mourning, and reconnection. These stages can be promoted effectively in treatment programs that create a "trauma-informed environment" that emphasizes physical and psychological safety, establishes boundaries among everyone (participants, staff, visitors) involved in the environment, communicates values of empowerment and recovery, and promotes safe methods of dealing with conflict.

Trauma theory is particularly relevant for women in the criminal justice system, where standard operating practices (searches, seclusion, and restraint) may traumatize/retraumatize women. Working through past trauma and learning new coping strategies are critical elements of the treatment process.

As the current provider of these services at WERDCC and NECC, Gateway understands that the Department requires the contractor to utilize evidence-based practices for substance abuse treatment for women within the criminal justice system. In response to this requirement, Gateway proposes to implement the evidence-based *Living in Balance* curriculum, described below.

EVIDENCE-BASED PRACTICES TO BE USED

Living in Balance

In addition to traditional TC activities, Gateway plans to incorporate the *Living in Balance: Moving from a Life of Addiction to a Life of Recovery* curriculum that was developed by the Hazelden Foundation. The *Living in Balance* (LIB) curriculum consists of twelve core sessions with client worksheet sets that can be used either in individual or group sessions. Twenty-one supplemental worksheets are also available. The worksheets consist of information and exercises designed to reinforce the information. Sessions will be facilitated by trained addiction professionals.

The twelve core sessions that comprise the curriculum are identified in the table below.

SESSION	TOPIC
1	Definitions, Terms, and Self-Diagnosis
2	Alcohol and Other Drug Education
3	Triggers, Cravings, and Avoiding Relapse
4	Planning for Sobriety
5	Alcohol and Tobacco
6	Spirituality
7	Sex, Drugs, and Alcohol
8	Stress and Emotional Well-Being
9	Skills for Reducing Stress
10	Negative Emotions
11	Anger and Communication
12	Relapse Prevention

The 21 supplemental worksheets address the following topics:

- Introduction to Self-Help Groups
- The Twelve Steps
- Sexually Transmitted Diseases
- Focus on AIDS
- Nutrition and Exercise
- Physical Wellness
- Problem-Solving
- Attitudes and Beliefs
- Human Needs and Social Relationships
- Family Matters
- You and Your Parents
- Child Development and Parenting Skills
- Educational and Vocational Goals
- Money Management
- Insurance and Consumer Credit
- Sexual Abuse
- Compulsive Sexual Behavior
- Addiction and Loss
- Grief:: Responding to Loss
- Spirituality and Personality
- Relapse Prevention: Part Two

Brief Intervention Groups (Targeted Groups)

Targeted groups are small, closed, and directed groups held over a period of 4-6 weeks. Assignment to these groups is based upon assessed needs identified through TCU assessment results and/or Counselor observation. The groups' intent is to address a specific individual need through the group process, and based upon short curriculum developed by Texas Christian University. Topics include the following:

- Getting Motivated to Chang
- Understanding and Reducing Angry Feelings
- Unlock Your Thinking Open Your Mind
- Ideas for Better Communication
- Mapping Your Reentry Plan
- Mapping the Twelve Steps
- *Time Out! For Me: An Assertiveness and Sexuality Workshop for Women*

In addition, the use of extensive cognitive interventions such as mind mapping, the addiction offending cycle (AOD), and journaling are highly supported in the literature and are standard components of programming at WERDCC/NECC. Staff members working for Gateway have been trained in *Pathway to Change* facilitation and participate in delivery of that program. This is the cognitive restructuring program purchased by the Department and required in all treatment programs.

Because Gateway has extensive and lengthy experience in providing treatment to incarcerated women, not only at WERDCC but also at our female programs in Texas and New Jersey, we are uniquely qualified to establish evidenced-based programming at Chillicothe Correctional Center.

As described above, Gateway understands the special issues affecting women, particularly those who are involved in the correctional system. We have access to experienced staff who are capable of training existing staff and/or newly hired staff at CCC in providing female-oriented service delivery. We are also able to draw on the insight and practical knowledge of staff in our existing female units to provide resources and support. Thus, Gateway is amply prepared to implement the quality program at CCC that we implement at WERDCC.

Research has shown that effective gender-responsive treatment and services must include creating an environment through site selection, staff selection, program development, content and material that reflects an understanding of the realities of the lives of women and addresses their specific challenges and strengths (Covington & Bloom, 2002). The elements in the table below are integral to gender-responsive treatment and services. The table presents the elements and Gateway's means of incorporating them into the proposed programming for the women offenders at WERDCC.

CRITICAL ELEMENT	GATEWAY'S METHOD OF IMPLEMENTING THE ELEMENTS
Services for mental health and substance abuse are integrated.	At WERDCC and CCC, dual recovery treatment goals will be emphasized in a unified treatment approach. We currently staff the facility with professionals from both the substance abuse and mental health fields and integrate the clients' treatment throughout their incarceration.
Treatment and services are based on women's competencies and strengths and promote self-reliance.	Gateway's approach in all-female facilities incorporates a strength-based (asset) model of treatment. From the time of admission until discharge, counselors help clients discover or re-discover the strengths and skills they already have that will aid in their recovery. Repeated affirmations of the clients' abilities shift the focus from their past failures to their future successes. Along with our Strength-Based Approach, Gateway clinicians assess each client for aspects of resiliency, which are reinforced and built upon during treatment.
Women-only groups are used, especially for primary treatment.	Group dynamics differ between all-female group and mixed female-male groups, particularly in the early stages of treatment when it is critical that women clients feel physically and psychologically safe participating in treatment. It also is critical that groups dealing with trauma, sexual abuse, and domestic violence are female-only groups. As single-gender facilities, all of the programs at WERDCC and CCC are female-only programs.
Gender-responsive screening and assessment tools are utilized, with appropriate treatment matched to the identified needs and assets of each client.	Gateway's assessment process is comprehensive and evaluates all aspects of clients' lives. Assessment is ongoing to assure that, as clients' needs change during treatment, our approaches will be modified accordingly. The assessment process takes into account the clients' language, culture, literacy levels, and cognitive functioning. Curricula designed specifically for women are included. Examples of these curricula are included throughout this proposal. Whenever possible, clients are matched to counselors with whom they are most compatible for trust to develop. Our strengths-based approach is an important means of identifying and reinforcing the assets each client has to aid in her recovery.
Treatment planning needs to be individualized.	Treatment planning takes into account the wide differences that exist even among female clients based on numerous variables: age; race/ethnicity; socioeconomic status; educational attainment; sexual orientation, language; ex-offender and recovery status; need for female role models/mentors who reflect their racial/ethnic/cultural backgrounds; cultural issues; resources available in various communities; and the long-term community support networks for women.
Services need to be comprehensive and address the realities of women's lives.	Gateway addresses CSAT's 17 critical areas for women's treatment, including: causes of addiction; low self-esteem; race, ethnicity, and cultural issues; gender discrimination/harassment; disability-related issues; relationships with family members/significant others; unhealthy interpersonal relationships; interpersonal violence, including incest, rape, battering; eating disorders; sexuality; parenting; grief related to loss of children, family members, partners, and alcohol and other drugs; work; appearance; overall health and hygiene; isolation related to lack of support systems; and child care and child custody issues.

CRITICAL ELEMENT	GATEWAY'S METHOD OF IMPLEMENTING THE ELEMENTS
The development of effective gender-responsive services needs to include the creation of a therapeutic environment.	Gateway recognizes that the primary requirement for a therapeutic environment for women is safety--both physical and psychological. We design our programs to be inviting, homelike, and welcoming, with culturally appropriate decorations and pictures, and particular sensitivity to trauma-related and interpersonal violence issues. Our treatment philosophies lend themselves toward developing a therapeutic environment, including: Matching staff cultures and backgrounds to clients; our orientation program; the development of a diverse client milieu and the "Big Sister" program that foster a community atmosphere; our strength-based approach in our interactions with clients; and our specialized services and accommodations for clients with special needs.
Programs need to use a variety of interventions with behavioral, cognitive, affective/dynamic, and systems perspectives.	Gateway's gender-responsive treatment incorporates services and treatment modalities designed to address behavioral, cognitive, affective/dynamic, and systems perspectives. As described in detail throughout this proposal, these interventions include, but are not limited to, the following: Individual therapy; group therapy; family education and support; cognitive-behavioral therapy; skill development (parenting, vocational skills, life skills, etc.); relapse prevention skills; re-entry preparation.

Gateway currently offers gender-responsive treatment at WERDCC that specifically addresses these critical elements as well as the unique characteristics and needs of female clients, including but not limited to the pathways that lead women to substance abuse and/or crime (history of physical and/or sexual abuse, current domestic violence, sexual exploitation/prostitution, depression and/or suicidal ideation/attempts, emotional disorders, eating disorders, etc.), and will implement the same programming at CCC.

Research on women substance abusers has emphasized that women have common experiences that are not as prevalent among men, including the following:

- histories of sexual or physical abuse as children;
- histories of physical and sexual abuse as adults;
- secondary status in the dominant culture as well as secondary status in the substance abusing subculture;
- unemployment and poverty rates that far exceed those of male substance abusers;
- motherhood along with the experience of losing custody of one's children to State child welfare authorities;
- societal scorn that far exceeds the stigma faced by male addicts; and
- limited access to gender sensitive programs that can best suit their needs.

Stevens et al. (2003) found that females reported greater problem severity related to the following:

- Lifetime and past-year substance abuse problems
- Mental health problems, including general mental distress, depression, somatic symptoms, suicidality, anxiety)
- HIV risk (health distress, sexual activity, condom use)
- Health problems (worry about health, pain, breathing problems)
- Traumatic Stress Index

In order to address these differences and be "gender-responsive," Gateway will address these experiences within the context of the treatment experience by doing the following:

- Provide a safe environment, both psychologically and physically
- Provide positive female role models
- Promote the need women have to relate to each other in informal settings (even within the treatment setting), and support the development of social support networks both within and outside of the treatment program
- Provide ample parent education
- Provide treatment for physical and sexual abuse and be fully versed in the treatment of posttraumatic-stress disorder
- Provide life skills and vocational training opportunities that are based on the woman's personal goals
- Develop and maintain a positive working relationship with child welfare authorities
- Establish therapeutic boundaries that acknowledge the woman's need to have a person-to-person relationship with the therapist rather than a distant "top-down" therapist to patient relationship
- Aid women in seeing the unique strengths their life experience has brought them
- Base therapy both on an assessment of a woman's emotional development and on the stage she is in her recovery

Gateway understands that the treatment issues of women are unique and require thoughtful attention and creative approaches to best assist women to adopt recovery-focused and productive lifestyles. Accordingly, Gateway has adapted its treatment approaches to address the special psychological, social, and cultural issues that confront women, particularly those issues that stand in the way of abstinence and recovery from life crises.

Modifications to Meet Psychological Needs

Gateway understands that the treatment issues of women are unique and require thoughtful attention and creative approaches to best assist women to adopt recovery-focused and productive lifestyles. Again, this is particularly important to Gateway because we treated nearly 5600 women last year, with nearly half of them in correctional settings. Accordingly, Gateway has adapted its treatment approaches to address the special psychological, social, and cultural issues that confront women, particularly those issues that stand in the way of abstinence and recovery from life crises.

Women's specific psychological needs may include issues such as shame, guilt, grief, rejection, and abandonment. Normalizing such emotions and learning how to cope with painful and pleasant emotions without the use of chemicals or destructive behaviors is an essential part of rehabilitation. Ways to improve self-esteem and self-concept are addressed in this area. Self-disclosure by offenders helps others to relate and draw strength from peers' progress and struggles. Other psychological issues may include depression, anxiety, eating disorders, and trauma.

Gateway clinicians are knowledgeable of both substance abuse disorders and psychiatric disorders. Gateway treatment programs for clients with co-occurring substance abuse and mental health disorders ensure that both disorders are addressed simultaneously and that all treatment is directed toward the same end. Supervisors and counselors are thoroughly familiar with psychiatric diagnoses and possess expertise in dealing with substance abuse disorders.

Clients who have co-occurring substance abuse and mental health disorders require specific attention to both disorders. Gateway bases its approach to these clients on the guidelines recommended by the National Institute on Drug Abuse (NIDA) (1999) as the best practices for this population, which we have implemented in our Texas special needs units since 1994:

- Integrated treatment of substance use and mental disorders
- Treatment provided in the . . . most clinically appropriate setting within a continuum of care
- Treatment that is individualized for each person
- View of the client from a holistic, biopsychosocial perspective
- Inclusion of self-help and peer support as valuable in the recovery process
- Education and support for families
- Case management as a key component
- Multidisciplinary teams and approaches
- Group education and group process as valuable elements of the treatment process
- Ongoing support, relapse management and prevention

In NIDA's *Approaches to Drug Abuse Counseling* (2000), Daley discusses a specific approach to treatment for this group of clients known as dual disorders recovery counseling (DDRC):

> Dual disorders recovery counseling (DDRC) is an integrated approach to treatment of patients with drug use disorders and comorbid psychiatric disorders. The DDRC model, which integrates individual and group addiction counseling approaches with psychiatric interventions, attempts to balance the focus of treatment so that both the patient's addiction and psychiatric issues are addressed.

Daley's discussion of the DDRC counseling approach recommends a broad range of interventions, including the following:

1. Educating [clients] about psychiatric illness, addictive illness, treatment, and the recovery process.
2. Supporting [clients'] efforts at recovery and providing a sense of hope regarding positive change
3. Efforts at recovery and providing a sense of hope regarding positive change.
4. Referring [clients'] for other needed services (case management, medical, social, vocational, economic needs).
5. Helping [clients'] increase self-awareness so that information regarding dual disorders can be personalized.
6. Helping [clients'] identify problems and areas of change.
7. Helping [clients'] develop and improve problem solving ability and develop recovery coping skills.
8. Facilitating pharmacotherapy evaluation and compliance. (This requires close collaboration with the team psychiatrist.) (Daley, 2000)

Medication may be required for proper psychiatric treatment of mentally ill clients. Gateway provides ongoing training for staff members to enhance their knowledge of medications and side effects, with specific emphasis on working with clients who take psychotropic medications.

Clients are taught the therapeutic benefits of their medications; side effects and ways to deal with them in healthy ways; the importance of frequent communication with a psychiatrist, particularly when attitudes or behaviors change, indicating a need to readjust dosage; the effect that their mental health disorders have on their substance abuse disorder, and *vice versa*. Common misconceptions that lead to non-compliance are highlighted to help clients avoid these pitfalls.

Modifications to Meet Social Needs

One of the most important tasks facing the individual who is recovering from chemical dependency is learning how to participate in recreational activities and have fun without drugs or alcohol. There are several aspects to this problem. First, most individuals who are chemically dependent used drugs and alcohol as their recreation throughout their teen and young adult years and therefore have little experience with other activities.

In addition, many individuals do not know what activities exist or how to gain access to them; they never attended the zoo, museums, or parks; they did not attend movies, plays, or concerts, at least not without drugs or alcohol; and they do not know how to use directories or other information sources to find such entertainment.

Finally, newly sober individuals often are frightened at the prospect of engaging in activities without the protection of drugs or alcohol; most have low self-esteem and deficient life skills, and they may worry about proper behavior or having enough money or simply about what to do or where to go.

Gateway addresses these issues in several ways. As noted in various sections of the proposal, life skills classes, group counseling, and individual counseling all help clients build their general life skills. As clients become more confident and able, their self-esteem improves; they become more able to ask for help, even if it is something as simple as asking for directions. Clients are likely to discover or develop new interests and aptitudes as they become aware of available opportunities for exercise, recreation, and creativity.

Counselors will utilize group and individual counseling sessions to make the connection between this enjoyment and the absence of alcohol and other drugs. In these ways, clients will learn to build relaxation and enjoyment into their recovery.

Gateway recognizes that there are many benefits to therapeutic recreation activities. Not only do clients have an opportunity to release energy, reduce stress, enjoy the physical benefits of exercise, but they also have an opportunity to interact with their peers in positive, safe settings and practice social beneficial interactions that they learn about during the other activities of the program. Leisure development allows clients time to relax and understand the importance of relaxation, enhance trust and social bonds with the other clients, and understand the importance of the balance between work, studies, contemplation, and recreation time.

Gateway's clinicians are better able understand their clients while observing them as they participate in therapeutic recreation. Many aspects of clients' personalities come to light during the more relaxed, spontaneous atmosphere of recreation. Our counselors learn to watch for their client's social interaction patterns, ability to work in a team, attitude toward fair play, tendency to portray respect and support toward others and ability to follow rules. These insights can be a very important means for assessing client progress, and provide counselors with examples of client behavior they wish to discuss with the client. Leisure development can therefore be a very important clinical activity.

Clients have the opportunity to develop and provide activities through the Creative Energies Departments on each unit. They plan recovery-oriented skits; songs; poetry; short stories, bulletin boards; art, including murals and posters, and, other activities that support recovery. This department also plans events for special occasions, such as Cinco de Mayo, Martin Luther King Day, Christmas, and other holidays and special days. Other activities may include board games and dominoes.

Women's challenges to successful recovery in the social arena include a generalized stigma associated with drug/alcohol use that creates barriers to addressing their addiction and lifestyle choices that are driven by their addiction. Women offenders often are unable to provide for their children; when employed, women have lower wages, and therefore, less ability to provide for themselves and their children in legitimate and legal ways. There is a lack of safe, secure housing, and because women who use drugs and alcohol have children at a younger age and drop out of school, they lack the education to secure sufficient employment.

A life skills overview will be presented to address employment issues and cover basic concepts of living such as balancing a checkbook, interviewing for a job, and completing a resume. Case Managers will discuss ways to locate resources in the community for needed assistance and provide linkages, when available. The material covered in the lecture series is reinforced as clients participate in job functions as part of the treatment methodology.

Because of offenders' separation from children, often long before arriving to prison, and because of extended drug usage or criminal activity, parenting is an important topic. Topics include "normal" child development, family roles, the impact of drug use on children, overcoming the impact of violence with children, understanding children's upset feelings, appropriate discipline techniques, moral development of children, and special needs of children from chaotic homes. Relevant topics utilized in The Change Cos. *Interactive* Journals are Employment Readiness Planning, which includes Employment Matching, Job Search/Identification, Application and Interviewing Skills, and Sustaining Employment.

Gateway will implement the TCU Brief Intervention *Building Social Networks*, a structured curriculum module designed to teach participants ways to build and strengthen social support in recovery. The topics include the following:

- Social Networks in Recovery
- Support Groups and Your Recovery
- When Other Family Members Use
- Mapping Worksheets

Modifications to Meet Relational Needs

Female offenders have frequently experienced issues of domestic/family violence, sexual abuse, lack of appropriate parental role models, and unhealthy relationships. Relationships with individuals and peers are essential to encourage the client to engage and remain in the change process. It is important that clients establish personal relationships when they first enter treatment to help mutually foster change. The Peer Mentor and Big Sister approach will help to ensure that individuals feel a sense of community affiliation and belonging.

Although Gateway recognizes the importance of establishing these relationships, we also realize that inappropriate bonding can have a negative effect on the change process. Gateway constantly monitors this through open communication and shared responsibility between staff and the treatment population.

Developing healthy relationship issues are also addressed through the clients' work in their *Interactive Journals* for *Relapse Prevention* and *Reentry.* Topics include; Healthy Relationships, Support System Development, Healthy Peer Groups, Family and Recovery, Healthy Boundaries, and, Conflict Resolution Skills. In addition, this journal allows clients to address general Family Relationships, such as, Reconnecting with Your Family, Unhealthy vs. Healthy Family Relationships, and, Five Ways to Improve Your Family Relationships.

Development of Support Systems

Gateway believes that sustainable change can only be achieved through the development of a strong support system within the community. To this end, issues related to family and social support networks are stressed in the Gateway Core Curriculum. Clients are encouraged to evaluate the role of their families, significant others, and past associates in the development of their chemically dependent lifestyles. The primary question posed to clients is whether existing social support networks will hinder or assist in their achieving a lifestyle of recovery.

Many of the issues raised in chemical dependence education and recovery classes are discussed further in group and individual therapy sessions, as clients determine how the issues continue to affect their lives. Family members and approved significant others are encouraged to participate in the weekly Family Education sessions.

Modifications to Meet Cultural Needs

Consistent with the principles underlying the Seeking Safety curriculum, Gateway's programs for women offer a safe, supportive and nurturing women-centered treatment environment through approaches that include, to the extent possible, matching staff cultures and backgrounds to those of the clients; our orientation program; a diverse client milieu; the "Big Sister/Little Sister" program; our strengths-based approach; and our accommodations for clients with special needs. We promote a family atmosphere through supportive and nurturing posters, recovery principles and sayings, and client drawings.

As described above, clients have the opportunity to develop and provide activities through the Creative Energies Departments on each unit that address specific cultural celebrations such as . , such as Cinco de Mayo, Martin Luther King Day, Christmas, and other holidays and special days.

Gateway's focus on **cultural competency, sensitivity and appropriateness** stems from our experience with effective treatment for people from a wide variety of cultures within African American, Hispanic, Asian American, and Caucasian communities. Cultural competence of staff and the specific program interventions together affect **client retention** and treatment outcomes. Training on cultural diversity, sensitivity and competency is provided at all levels of Gateway.

Gateway acknowledges and respects culture as a predominant force in shaping behavior and values and our commitment to the linguistic and cultural competency of the organization is reflected in our mission, vision, recruitment and hiring policies, and treatment interventions. Culture shapes how people perceive their world, and cultural affiliation often reflects the attitudes a person holds about alcohol and other drug use, personal health and well-being, concepts of the family, and ways of defining and solving problems. Thus, culture becomes one of the key considerations for program design and intervention strategies in the treatment of substance abuse.

Gateway believes that diversity within cultures is as important a consideration as diversity between cultures. Race and ethnicity are often the dominant elements of culture, but people often belong to one or more subgroups that affect the way they think, feel, and behave. Factors such as age, gender, lifestyle, religious preference, sexual preference, degree of family affiliation, and degree of attachment to traditional and nontraditional support networks will help produce "cultural profiles" of recipients of our services. These help shape our treatment plans and interventions and help ensure that we are providing culturally competent services.

Gateway further believes that cultural factors may present barriers to treatment and recovery. Patterns of socioeconomic oppression, access (or lack of access) to health and social services, perceived stigma, victimization, willingness to acknowledge substance abuse problems, and ability to openly engage in the treatment process all vary across cultures. In Gateway's experience, clients' response to treatment varies not only according to culture but also according to subculture, age, and specific family and place or origin.

Our focus on cultural competence stems from our extensive experience with effective treatment of people from a wide variety of cultures and subcultures. We have learned that we must "meet clients where they are," which necessitates an understanding of and sensitivity to their culture, frame of reference, and life experiences. To do this, we adhere to the principles of cultural competence and know that we must do the following:

- Accept and respect cultural differences
- Continually self-assess our own institutional culture
- Pay careful attention to the dynamics of difference
- Continually expand our cultural knowledge and resources
- Adapt service models to meet the needs of underrepresented populations
- Provide consumer-driven services
- Embrace equal access and non-discriminatory practices in service delivery

Staff Diversity

Gateway is committed to a **diverse staff.** Our Human Resources Department posts available positions with agencies that cater to various ethnic groups, such as the Urban League or various offices of the Department of Employment Security, to ensure that notice of vacant positions reaches qualified clinicians from a variety of ethnic groups. We will take every reasonable measure to hire staff for the gender-responsive treatment programs who reflect and understand the cultural backgrounds of the clients in terms of gender, race/ethnicity, sexual orientation, language, ex-offender and recovery status.

Gateway is committed to recruiting, retaining and promoting qualified individuals who reflect the demographic characteristics of our clientele. Gateway continuously focuses on selecting those individuals who best fit our culture and share our commitment to service quality.

Gateway is an equal opportunity employer and does not discriminate in hiring on the basis of race, color, national origin, sexual orientation or gender. Gateway has developed an Affirmative Action Plan (AAP) in each state for which we provide services. The plans are structured and calculated as required by the Office of Federal Contract Compliance and Programs (OFCCP) and conform to all guidelines and requirements. The plans are periodically reviewed to assess the utilization of staff within diverse demographics groups compared with the availability of those individuals in the labor market.

SUMMARY OF RESEARCH-SUPPORTED AND EVIDENCE-BASED PRACTICES

The research-supported and evidence-based practices that we propose to deliver and the service(s) to which they relate are summarized in the following table.

SERVICE PROPOSED	RESEARCH-SUPPORTED/EVIDENCE-BASED PRACTICE(S) IN GATEWAY PROGRAMMING
Assessment	• Addiction Severity Index (ASI) • TCU Client Evaluation of Self and Treatment • TCU Criminal Thinking Scales • TCU HLTHFORM (assesses physical health status) • TCU HIVFORM (HIV/AIDS Risk Assessment) • Beck Anxiety Inventory (BAI) • Beck Depression Inventory (BDI)
Assessment Update	Updated assessments at each phase-progression interval: • TCU Client Evaluation of Self and Treatment • TCU Criminal Thinking Scales
Individual Counseling	• Motivational Interviewing • Stages of Change model (Prochaska and DiClemente) • CSAT TIP 35: *Enhancing Motivation for Change in Substance Abuse Treatment*
Relapse Prevention Counseling	• Relapse Prevention curriculum (Gorski) • Program guidelines for improving transition supported by CSAT TIP 30: *Continuity of Offender Treatment for Substance Use Disorders from Institution to Community*
Co-occurring Disorder Individual Counseling	• Integrated substance abuse and mental health treatment supported by SAMHSA TIP 9 • 5 strategies for co-occurring clients supported by CSAT TIP 42: *Substance Abuse Treatment for Persons with Co-Occurring Disorders*

SERVICE PROPOSED	RESEARCH-SUPPORTED/EVIDENCE-BASED PRACTICE(S) IN GATEWAY PROGRAMMING
Group Counseling	• Five group models (Psychoeducational, skills development, cognitive-behavioral, support, interpersonal process) supported by CSAT TIP 41: *Substance Abuse Treatment: Group Therapy* • *Cognitive* Restructuring • TCU Brief Interventions
Group Education	• Interactional didactic group education presentation
Trauma Group Education	• *Seeking Safety* curriculum • *Helping Women Recover*
Vocational Support	• Onsite vocational services supported by CSAT TIP 38: *Integrating Substance Abuse Treatment and Vocational Services*
Case Management	• Strengths-based Case Management • CSAT TIP 27: *Comprehensive Case Management for Substance Abuse Treatment* model of interagency case management

The following describes Gateway's treatment philosophies and approaches that address women's treatment issues on a cognitive level, an affective level, and a behavioral level.

Seeking Safety

Research consistently demonstrates a strong relationship between trauma events, mental health problems, and substance abuse. Traumatic events can include physical, psychological and sexual abuse, domestic violence, witnessing violence against others, and accidents. Research indicates that women are twice as likely to develop Post-traumatic Stress Disorder (PTSD) and that they will have a longer duration of post-traumatic symptoms.

Of particular importance for the women offenders at WERDCC is the finding that "Fifty-five to 99 percent of women substance abusers report being victimized at some point in their lives (Jahn Moses, D. et al., 2003)." Furthermore, "experiences of abuse may increase the risk of substance abuse or mental health problems; substance abuse and mental health issues may put women at greater risk of victimization; and substance abuse and other self-injurious behaviors may result from underlying trauma issues" (Jahn Moses, et al., 2003). Trauma survivors may cycle in and out of treatment for years with no improvement if the trauma issues are not addressed head-on.

Lisa Najavits, Ph.D., the author of Seeking Safety, has found that one-third to two-thirds of women in substance-abuse treatment suffer from PTSD, and most have a history of trauma. The relationship between PTSD and substance abuse reflects women's use of alcohol and other drugs to "self-medicate" as a means of coping with the emotional pain of the trauma they have experienced. Unfortunately, their substance abusing lifestyle often exposes them and puts them at additional risk for further violence and abuse and/or adopting criminal behaviors. The interrelationship of these dysfunctional behaviors requires an integrated approach, and the best

potential for success is concurrent treatment of substance abuse and trauma. For this reason, Gateway has adopted Dr. Najavits' *Seeking Safety* curriculum in its treatment programs for female offenders.

Seeking Safety, as one of the evidence-based practices that Gateway plans to implement at WERDCC, will be an important component of our gender-responsive programming due to the high prevalence of trauma in women offenders. *Seeking Safety* consists of 25 topics based on the principles of safety in relationships, thinking, behavior, and emotions; integrated treatment of trauma and substance abuse; cognitive, behavioral, interpersonal, and case management content; and attention to clinician processes. The modules include the following topics:

Session Number	*Seeking Safety* Topic	Domain(s) Addressed by Topic
1	Introduction to Treatment/Case Management	N/A
2	Safety	Combination
3	Taking Back Your Power	Cognitive
4	Detaching from Emotional Pain: Grounding	Cognitive
5	When Substances Control You	Cognitive
6	Asking for Help	Interpersonal
7	Taking Good Care of Yourself	Behavioral
8	Compassion	Cognitive
9	Red and Green Flags	Behavioral
10	Honesty	Interpersonal
11	Recovery Thinking	Cognitive
12	Integrating the Split Self	Cognitive
13	Commitment	Behavioral
14	Creating Meaning	Cognitive
15	Community Resources	Interpersonal
16	Setting Boundaries in Relationships	Interpersonal
17	Discovery	Cognitive
18	Getting Others to Support Your Recovery	Interpersonal
19	Coping with Triggers	Behavioral
20	Respecting Your Time	Behavioral
21	Healthy Relationships	Interpersonal
22	Self-Nurturing	Behavioral
23	Healing from Anger	Interpersonal
24	The Life Choices Game	Combination
25	Termination	N/A

Helping Women Recover: A Program for Treating Substance Abuse

Helping Women Recover: A Program for Treating Substance Abuse is an evidence-based, manual-driven treatment program that, serves women in criminal justice or correctional settings who have substance use disorders and are likely to have co-occurring trauma histories (i.e., sexual or physical abuse). As evidence of our commitment to this intervention and the upcoming contract, Gateway has already sent two WERDCC staff to be trained by Dr. Covington in the delivery of this curriculum.

The goals of the intervention for women in a criminal justice or correctional setting are to reduce substance use, encourage enrollment in voluntary aftercare treatment upon parole, and reduce the probability of reincarceration following parole.

The trauma-informed treatment sessions are delivered by female counseling staff (who may be assisted by peer mentors, typically women serving longer sentences) to groups of 8-12 female inmates, in a nonconfrontational and nonhierarchical manner. The counselors use a strengths-based approach with a focus on personal safety to help clients develop effective coping skills, build healthy relationships that foster growth, and develop a strong, positive interpersonal support network.

Helping Women Recover sessions use cognitive behavioral skills training, mindfulness meditation, experiential therapies (e.g., guided imagery, visualization, art therapy, movement), psychoeducation, and relational techniques to help women understand the different forms of trauma, typical reactions to abuse, and how a history of victimization interacts with substance use to negatively impact lives.

The intervention is delivered through 1.5-hour sessions that occur once or twice each week. The *Helping Women Recover* program consists of 17 sessions organized around 4 domains: (1) Self, (2) Relationship/Support Systems, (3) Sexuality, and (4) Spirituality.

Several studies have been conducted on *Helping Women Recover* and provide evidence as to the effectiveness of the curricula. The curricula are included on several lists of evidence-based practices, including SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

Time Out! For Me: An Assertiveness and Sexuality Workshop for Women

The TCU Brief Intervention, *Time Out!* series consists of a manual for leading a women-only workshop that addresses the sensitive topics of relationships, sexuality, and intimacy. *Time Out! For Me* provides substance abuse counselors or case workers with a curriculum for leading a 6-session workshop for women in their treatment programs. Issues addressed include sexuality, gender stereotypes, self-esteem, assertiveness skills, and reproductive health. The structured format for the workshop includes information sharing, discussion, exercises and activities, and role play. The manual provides a comprehensive reference section on human sexuality, a resource directory, and handout materials for participants. Studies by the authors suggest that this intervention increases knowledge, self-esteem, and treatment tenure. The following topics comprise the workshop:

- A new outlook on sexuality
- My personal rights
- Getting through to people (communication skills)
- Woman-care, self-care
- Choices for today's woman
- Talking about our sexuality

Safe, Supportive Environment

Gateway's programs for women offer **a safe, supportive and nurturing women-centered treatment environment** through approaches that include, to the extent possible, matching staff cultures and backgrounds to those of the clients; our orientation program; a diverse client milieu; the "Big Sister/Little Sister" program; our strengths-based approach; and our accommodations for clients with special needs. We promote a family atmosphere through supportive and nurturing posters, recovery principles and sayings, and client drawings.

Big Sister/Little Sister Program

The Big Sister/Little Sister program was put into place to assist the newest members of the program to settle in to treatment routines. Big Sisters serve as mentors and role models. They introduce Little Sisters to the community, teach them the rules and tools and otherwise provide a listening ear to questions or concerns of the Little Sisters.

Little Sisters are expected to maintain a general respect for the program, make efforts to share and to listen to others, ask questions, show interest, memorize the Gateway philosophy, develop a willingness to accept constructive criticism, treat others with respect and otherwise comply with the expectations of the program. Typically, the relationships that develop from these arrangements become quite meaningful for both parties and teach offenders how to form healthy and supportive friendships.

CSAT Guidelines

Gateway also incorporates educational programming recommended by the Center for Substance Abuse Treatment (CSAT) in Technical Assistance Publication (TAP) Series 23 (*Substance Abuse Treatment for Women Offenders: Guide to Promising Practices*) by addressing several important topical areas during treatment as identified in the following table.

CSAT TAP SERIES 23 TOPICAL AREA	GATEWAY'S TREATMENT STRATEGIES
Etiology of Addiction	Substance abuse education classes; self-help support groups; relapse prevention planning
Low self-esteem	Strength-based treatment approach; client-centered, client-driven treatment milieu; opportunity to practice; individualized treatment planning
Race, ethnicity, culture	Culturally competent staff
Disability-related issues	Special needs groups; referrals to appropriate services; case management; modified treatment approaches; adapted materials; client tutors
Family relationships	Family dynamics groups; Big Sister/Little Sister program
Unhealthy relationships	Staff supervised, self-reinforcing, positive and pro-social environments; client mentoring
Interpersonal violence	Resiliency assessment and development; provision of safe, supportive environment; community and clinical management element; peer groups
Sexuality	Sexuality education classes/groups; individual counseling
Grief/loss	Peer support; group counseling
Work and workplace issues	Hierarchical job assignments and promotions; system of rewards and sanctions; Job Readiness groups; employment assistance; educational referrals; career development groups
Appearance, hygiene	Guest speakers (e.g., medical professionals, Public Health personnel); exercise groups
Isolation	Peer support groups; morning development groups; structured recreation groups; culturally responsive AA, NA, CA, SOS meetings; Big Sister/Little Sister program
Life plan development	Life skills groups; individual counseling; leisure activities groups
Child care and child custody	Specialty groups; guest speakers (state agency personnel, etc.); family services/family education groups

These areas of concern to women clients are addressed in individual treatment plans and are a major focus of education sessions, group counseling discussions, or individual counseling/case management settings. As described throughout this proposal, these clinical issues are dealt with in various ways and, through effective case management and appropriate linkages in the community, will continue to be addressed after clients leave Gateway treatment programs.

Resiliency Factors

Resiliency has been defined as an individual's capacity to "bounce back" or recover over the long-term in the face of chronic or traumatic stress. Resiliency is an important factor in a woman's ability to recover not only from substance abuse, but also the wide variety of challenges typically facing all substance abusers, such as histories of trauma, abuse and dysfunctional relationships. Our ability to support the development of resiliency in our clients' lives is therefore of high priority.

Gateway is aware of the various factors that foster resiliency in a woman's life. Along with our Strengths-Based Approach (described elsewhere in this proposal), Gateway clinicians assess each client for aspects of resiliency, which are reinforced and built upon during treatment. Emphasis on a woman's resilience and ability to survive despite disadvantages or traumas goes far to assist clients to raise their self-esteem and confidence, which in turn promotes motivation for further success in treatment and recovery.

Specialty Groups

Gateway counselors in the women's facilities will provide specialty groups for the women and will arrange speakers to address women-oriented topics with the female clients. Outside speakers may be invited to speak to the women. These might include representatives from the recovering community to speak to continuing recovery issues; from the Department of Health and Human Services to explain how to obtain basic services; and from medical professionals to discuss HIV, AIDS, Hepatitis, Sexually Transmitted Diseases (STDs), and women's general health issues. Special topics are also introduced during group counseling or educational sessions to address specific needs of the current female client population. These topics may include healthy relationships, abuse of all types, parenting skills, domestic violence and child custody.

A specific example of Gateway's ability to respond to individual needs of offenders is our establishment of a Grief Group. We have many clients at WERDCC who have unresolved grief issues that could result in a higher likelihood of relapse if not addressed. We offer two Grief Groups per week consisting of both long-term and short-term clients. The groups are closed groups and last from six to eight weeks depending upon need. The counselor who facilitates these groups has 30 years' experience working with grief management and therapy. When specific client needs are identified, we are able to respond to those needs. Gateway is prepared to offer this group at CCC as well.

Women's Issues Groups

Women's Issues Groups focus on empowering women survivors of incest, sexual abuse and physical or psychological trauma. These groups examine issues such as the characteristics of families with chemical dependency issues and families who exhibit abuse, and the dynamics of chemical dependency and abuse co-existing in one family system.

The scope of Women's Issues Groups topics may include shame, self-esteem, emotional abuse, domestic abuse, grief, understanding PTSD and addiction, violence, battering profiles, love addiction, anger, forgiveness, and exercises to empower survivors.

Gateway has implemented and will continue to provide substance abuse treatment that is both gender-responsive and evidence-based at WERDCC and will implement similar gender-responsive and evidence-based treatment at CCC. The use of extensive cognitive interventions such as mind mapping, the addiction-offending cycle (AOD), and journaling are highly supported in the literature and currently are standard components of programming at WERDCC and CCC.

THE CHANGE COMPANIES INTERACTIVE JOURNALING MODULES

Gateway will include a relapse prevention/re-entry curriculum using interactive journaling workbooks developed by The Change Companies. The two modules of the curriculum will be Relapse Prevention (with Basic and Intensive approaches) and Re-entry. The focus of the relapse prevention module includes relapse triggers and warning signs; the focus of the re-entry preparation module is life skills and transition planning. Each module will emphasize Stages of Change reference points and relapse triggers/warning signs.

The subtopics for the **Relapse Prevention Module** include the following:

Life Skills related to Relapse Prevention

- Managing Stress
- Anger Management
- Health Issues
- Financial Health and Budgeting
- Temptation Thinking
- Decision-Making
- Goal-Setting
- Cognitive Issues

Relationship Skills related to Relapse Prevention

- Communication Skills
- Positive Qualities and Benefits
- Improving Family Ties
- Resolving Conflict
- Building a Safety Net

Goal-Setting Skills related to Relapse Prevention

- Goal-Setting
- Good Decision-Making
- How to Set Positive Goals
- Personal Goals

Relapse Prevention Plan

- Personal Relapse Prevention Plan Completion

The **Re-Entry Module** addresses topics similar to those identified in Life Skills/Social/ Employment sections above, but from the transition perspective. The topics in the Reentry module include the following.

Family Relationships

- Reconnecting with Your Family
- Unhealthy vs. Healthy Family Relationships
- Five Ways to Improve Your Family Relationships

Peer Relationships

- Learning to Handle Peer Relationships
- Unhealthy vs. Healthy Peer Relationships
- Focus on Positive Qualities
- Benefits of Healthy Peer Relationships

Community Reintegration

- Accepting Authority
- Working with Authority Figures
- Learning from Authority Figures
- Where Will You Live?
- Taking Care of Your Health
- Taking Care of Legal Responsibilities

Employment Readiness

- The Role of Work
- Exploring Your Interests
- Exploring Your Skill Sets
- Beginning Your Job Search
- Overcoming Employment Barriers
- Commonly Asked Interview Questions
- Getting a Job is a Good Beginning

Decision-making Skills

- Making Responsible Decisions
- Seven Steps to Good Decision-making

Moving Forward

- Maintaining Your Momentum

MOTIVATIONAL INTERVIEWING

Gateway proposes to utilize ***Motivational Interviewing*** in all aspects of the treatment program and in conjunction with the WIT program methodology for the female programs (WERDCC and CCC) and in the Therapeutic Community module at NECC. *Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.* It is more focused and goal-directed than nondirective counseling in an effort to help clients examine and resolve ambivalence. Therefore, counselors are intentionally directive in pursuing this goal.

Motivational Interviewing is supported by the following main ideas:

- Ambivalence about substance use and change is normal. Ambivalence constitutes an important motivational obstacle that needs to be addressed early on.

- Ambivalence can be resolved by working with the clients' intrinsic motivations and values. Ambivalence is often the central problem, and lack of motivation can be the result of this ambivalence.

- The alliance between the client and clinician is a collaborative partnership to which each brings expertise.

- An empathetic, supportive, yet directive counseling style provides conditions within which change can occur. (Direct argument and aggressive confrontation tend to increase client defensiveness, reducing the likelihood of change).

Gateway staff are well trained to implement the techniques of this critical treatment intervention **Gateway currently has 19 members of the Motivational Interviewing Network of Trainers (MINT).** This is a tremendous internal resource. If this proposal is accepted, Gateway's current cadre of qualified Motivational Interviewing trainers will be employed in a diligent process of ongoing training of clinical staff to ensure proficiency in implementing Motivational Interviewing. As we are able, Gateway will develop a system of supervision to ensure this evidence-based intervention technique is implemented with fidelity. If resources do not allow this intricate level of supervision and monitoring, then at a minimum, Gateway clinicians will incorporate MI techniques into clinical practice according to acceptable thresholds and standards.

OVERVIEW OF PROGRAM OFFERINGS

As required by the IFB, Gateway will provide the following program components for the designated types of offenders.

- **Assessment Services** as requested by the Department.
- **Short Term Treatment Program (12 weeks)** for offenders sentenced pursuant to section 559.115 RSMo, Post Conviction Drug Treatment for offenders sentenced pursuant to section 217.785 RSMo, and probation and parole violators stipulated for substance abuse treatment by the Board of Probation and Parole.
- **Offenders Under Treatment Program (6 months)** for offenders referred by the Board of Probation and Parole per section 217.364 RSMo for substance abuse treatment.
- **Intermediate Treatment Program (6 months)** for offenders stipulated by the Board of
- Probation and Parole for substance abuse treatment.
- **Long Term Treatment Program (12 up to 24 months)** for offenders ordered by the court pursuant to section 217.362 RSMo, and/or ordered by the Court pursuant to section 577.023 RSMo for substance abuse treatment.
- **Long Term Treatment Program (12 months)** for offenders stipulated by the Board of Probation and Parole for substance abuse treatment.
- **Co-occurring Substance Abuse and Mental Health Disorders Services** for offenders who are screened by Mental Health professionals as having moderate to serious mental health impairments including offenders on psychotropic medications.
- **Partial Day Treatment Program (10 weeks)** for offenders referred by the Department for substance abuse treatment services.
- **Relapse Program (30 days)** for eligible offenders who have previously completed treatment and are referred by the Department.
- **Special Needs program (NECC only)** is an on-site substance abuse treatment services for offenders who have been stipulated for six (6) to twelve (12) months of treatment, and who are not designated for placement at other institutional substance abuse treatment centers due to their ambulatory restrictions or other special needs. Funding requirements restrict program participation of these individuals to a maximum of twelve (12) months.

At each facility, Gateway will design programming appropriate to the type of offenders housed there, their individual needs, and their varying lengths of stay in treatment. The tables on the following pages provide overviews of the treatment components that may be offered by facility and program. However, we will collaborate closely with the Department to determine other options as may be deemed appropriate.

MATRIX OF WERDCC TREATMENT COMPONENTS BY PROGRAM

INTERVENTION	Short-Term (12 weeks)	OUT (6 mos.)	Long-Term (12 mos.)	Long-Term (12-24 mos.)	Co-occurring Disorders
Comprehensive assessment	x	x	x	x	x
Treatment planning	x	x	x	x	x
Motivational interviewing techniques	x	x	x	x	x
Individual counseling	x	x	x	x	x
Group counseling	x	x	x	x	x
Cognitive restructuring	x	x	x	x	x
Pathway to Change	x	x	x	x	x
Alcohol/drug education	x	x	x	x	x
Co-occurring disorders group					x
TCU Brief Interventions	x	x	x	x	x
Life skills training	x	x	x	x	x
Anger management	x	x	x	x	x
Offender lifestyle confrontation	x	x	x	x	x
Partners in Parenting	x	x	x	x	x
Employment preparation	x	x	x	x	x
Twelve-step and secular recovery support groups	x	x	x	x	x
Family education	x	x	x	x	x
Relapse prevention—substance abuse	x	x	x	x	x
Relapse prevention--criminality	x	x	x	x	x
Re-entry planning	x	x	x	x	x
Case management	x	x	x	x	x
DWI education/ intervention (as needed)				x	
Seeking Safety	x	x	x	x	x
Helping Women Recover			x	x	
Time Out! For Me	x	x	x	x	x
Change Companies interactive journaling	x	x	x	x	x
Living in Balance	x	x	x	x	x
Mental health referrals	x	x	x	x	x

MATRIX OF CCC TREATMENT COMPONENTS BY PROGRAM

INTERVENTION	Short-Term (12 weeks)	Intermediate (6 mos.)	Long-Term (12 mos.)	Long-Term (12-24 mos.)	Partial Day (10 weeks)	Relapse (30 days)
Comprehensive assessment	x	x	x	x	x	x
Treatment planning	x	x	x	x	x	x
Motivational interviewing techniques	x	x	x	x	x	x
Individual counseling	x	x	x	x	x	
Group counseling	x	x	x	x	x	x
Cognitive restructuring	x	x	x	x	x	x
Pathway to Change	x	x	x	x	x	
Alcohol/drug education	x	x	x	x	x	x
Co-occurring disorders group	x	x	x	x		
TCU Brief Interventions	x	x	x	x	x	
Life skills training	x	x	x	x	x	x
Anger management	x	x	x	x	x	
Offender lifestyle confrontation	x	x	x	x	x	
Partners in Parenting	x	x	x	x	x	
Employment preparation	x	x	x	x	x	
Twelve-step and secular recovery support groups	x	x	x	x	x	x
Family education	x	x	x	x	x	
Relapse prevention—substance abuse	x	x	x	x	x	x
Relapse prevention--criminality	x	x	x	x	x	x
Re-entry planning	x	x	x	x	x	x
Case management	x	x	x	x		
DWI education/ intervention (as needed)				x		
Seeking Safety	x	x	X	x		
Helping Women Recover			x	x		
Time Out! For Me	x	x	x	x	x	x
Change Companies interactive journaling	x	x	x	x	x	
Living in Balance	x	x	x	x	x	x
Mental health referrals	x	x	x	x	x	x

NECC TREATMENT COMPONENTS BY SITE AND PROGRAM

INTERVENTION	6-month	12-month
Comprehensive assessment	x	x
Treatment planning	x	x
Motivational interviewing techniques	x	x
Individual counseling	x	x
Group counseling	x	x
Cognitive restructuring	x	x
Pathway to Change	x	x
Alcohol/drug education	x	x
Co-occurring disorders group	x	x
TCU Brief Interventions	x	x
Life skills training	x	x
Anger management	x	x
Offender lifestyle confrontation	x	x
Men's Work	x	x
InsideOut Dad	x	x
Employment preparation	x	x
Twelve-step and secular recovery support groups	x	x
Family education	x	x
Relapse prevention—substance abuse	x	x
Relapse prevention--criminality	x	x
Re-entry planning	x	x
Case management	x	x
DWI education/ intervention (as needed)	X	x
Change Companies interactive journaling	x	x
Living in Balance	x	x
Mental health referrals	x	x

2.4 ASSESSMENT REQUIREMENTS

2.4.1 ASSESSMENT SERVICES

The comprehensive assessment for each offender is a compilation of standardized instrumentation and individualized interviews that cover psycho-social functioning; alcohol/drug dependency issues; familial and social support systems; medical and psychological health; and educational, vocational, and employment needs. Gateway proposes to continue administering the Initial Classification Analysis-Substance Abuse (ICA-SA), the CJ-Addiction Severity Index (through our DENS application), and the TCU Criminal Justice Client Evaluation of Self and Treatment (CEST) assessments, which include the Motivation Form.

These assessments collectively provide the basis for comprehensive treatment planning that directs the regimen of services delivered and opportunities provided to offenders within the treatment environment. Specifically, the assessment functions completed within the first week to ten days at the facility include the instruments described below.

The **Initial Classification Analysis-Substance Abuse (ICA-SA)** is an assessment instrument that aids in the appropriate placement of offenders into differing levels of need for substance abuse treatment. Gateway assessment staff will use the Initial Classification Analysis-Substance Abuse (ICA-SA), an assessment instrument developed by the Outcomes Assessment Workgroup comprised of state and private substance abuse treatment providers. The purpose of the (ICA-SA) is to aid in the appropriate placement of incarcerated individuals into differing levels of need for substance abuse treatment ranging from "long term, intensive, inpatient treatment" to "no services required." Gateway's qualified professional counselors will easily be able to incorporate the (ICA-SA) into the Assessment procedure.

The substance abuse treatment staff will incorporate the substance abuse needs score identified by the Initial Substance Abuse Classification Analysis (ICA-SA) and any pre-existing substance abuse testing into the assessment summary.

Gateway will incorporate the substance abuse needs score as identified by the Initial Substance Abuse Classification Analysis (ICA-SA) and any pre-existing substance abuse testing into the assessment summary. The comprehensive assessments are compiled and disseminated to the entire treatment team in preparation for treatment plan completion, developed as a result of the assessment and treatment recommendations.

The assessment instrument and interview will be completed by a certified, registered, or appropriately licensed Substance Abuse Professional as defined by the Department of Mental Health's Division of Alcohol and Drug Abuse, *Certification Standards for Alcohol and Drug Abuse Programs* in Missouri.

Gateway will continue to use the **Criminal Justice Addiction Severity Index (CJ-ASI) and Psycho-Social History** to assess all clients as is the practice under the current contract. The CJ-ASI assesses the nature and extent of clients' substance abuse history, treatment history, clients' strengths and recovery capabilities, and specific treatment needs. The assessment shall include the following bio/psycho/social data:

- name
- home address
- home and work telephone number
- date of birth
- sex
- race or ethnic origin and/or language preference
- emergency contact
- education
- religion and/or spiritual orientation
- marital status
- type and place of employment
- physical or mental disability, if any
- social security number , if requested
- drivers license number, county of residence and county of arrest

All clients will be assessed by intake staff for health status and risk factors. This assessment shall include the following:

- a medical screening;
- a history of current and prior emotional or behavioral functioning, problems and treatments including a history of current physical, emotional or sexual abuse
- an analysis of the client's home and/or living environment including child care needs, religion, childhood, military service history, education and vocational history, financial status, social or peer group, family constellation and history of substance abuse, treatment history, and a determination of the need for participation of any family members or significant others in the clients' treatment
- information on pending legal issues or specific conditions of court supervision, probation or parole including substance abuse assessments related to a DUI offense
- motor development and functioning
- speech, hearing, vision, and language functions
- substance abuse history and current pattern of use

The ASI instrument is a comprehensive, highly structured clinical interview designed to obtain detailed information about all aspects of a client's life and situation, including, but not limited to, the medical, social, psychological, vocational, legal, family, and alcohol/drug abuse aspects of the person's life. Ratings are based on responses to objective and subjective questions within each area. Because interviewer judgment is critical, only counselors with the appropriate credentials, training and experience will administer the ASI.

Each completed ASI is signed and dated by the intake clinician or primary counselor. All ASIs are reviewed and countersigned by Clinical/Counselor Supervisors. A copy of the ASI, demonstrating the format for summarizing and reporting results of the assessment, is attached in the sample clinical file appendix.

Furthermore, Gateway worked with a prominent research group to develop a computerized version of the ASI that assists us in collecting client information and providing written reports in an efficient manner. The computerized version allows Gateway to quickly formulate and document individualized treatment plans based on information obtained from the ASI. It is important to note that use of a computerized version does not detract from the counselor-client interview process and produces treatment plans that are unique and individualized according to each client's treatment needs. Through this process Gateway ensures that treatment plans are comprehensive and address all of the information obtained during the assessment process.

Gateway's use of the ASI is another example of our commitment to exceed expectations and to excel in program delivery. Clinical staff at various locations identified the need to obtain information not squarely addressed by the instrument. To resolve this dilemma, our clinicians adapted the ASI to better obtain psycho-social information needed to develop more effective treatment planning for clients at all of our treatment programs. The ASI document is a matter of public domain, and while Gateway clinicians worked with a prominent research entity to modify the instrument, its integrity has been maintained.

Use of the ASI allows Gateway clinicians to collect detailed information for identifying and ranking client problems that need intervention and to establish intermediate and long-term goals. These tasks are achieved in concert with each client, based in part on his unique perspectives and in part on the priorities identified by the Department. Ongoing assessment of client needs and treatment progress will be conducted as indicated in the Treatment Plan section.

When possible, assessments are conducted in a client's preferred language by someone culturally sensitive to the racial/ethnic characteristics of specific clients. With the Department's cooperation, persons identified with special needs (e.g., individuals with disabilities) have treatment structured so that the timing, level of communication and physical plant arrangements are conducive to accurate assessment. When necessary, the Department will provide interpreters for the hearing impaired or those with specific language needs as well as support for the visually impaired.

In addition to the comprehensive substance abuse history and psychosocial assessment using the CJ-ASI, Gateway Foundation proposes to continue the current implementation of the **TCU Assessment System** via its Internal Evaluation Protocol (IEP). The IEP process allows Gateway clinicians to identify the individual risks and needs of each offender at intake, and as they progress through the program.

TCU ASSESSMENT SYSTEM

One of the key components of Gateway's treatment programs is the internal process evaluation protocol that was developed in conjunction with TCU's Institute of Behavioral Research and Gateway consultant Dr. Kevin Knight. This process evaluation uses the TCU Assessment System standardized instrumentation to provide ongoing assessment of offender risks and needs throughout the treatment episode, rather than simply at intake.

This allows Gateway to modify treatment interventions according to the needs as they change throughout the course of treatment. Due to our experience with assisting TCU in the development of the Automated Data Collection (ADC) process, Gateway proposes to utilize the Scantron system for collecting the assessment data at the programs. This enables Gateway clinicians to easily gather assessment data, have it automatically scored, and then use the reports that are generated to hone and direct the treatment service system at the individual client level.

The assessment package that Gateway currently uses and proposes to continue providing via this contract includes the assessment of **offenders' psychological, social, familial, and environmental needs** and the **criminal thinking patterns** that lead to recidivism of criminal behavior. Gateway will administer a battery of standardized assessments developed by the Texas Christian University (TCU) Institute of Behavioral Research (IBR), which primarily includes recent iterations of the **TCU Drug Screen II (TCUDSII)**, the **Criminal Justice-Client Evaluation of Self and Treatment (CJ-CEST)** and the **Criminal Thinking Scales (CTS)**. Gateway also proposes to continue administration of the **TCU Health Form** to screen offender for co-occurring mental health needs that may prohibit their participation in the treatment programming, and the **TCU Trauma Form**, which is a version of the PTSD Civilian Checklist to assess for trauma related risks/needs. TCU has incorporated these instruments into the ADC process, making it readily available for Gateway to implement them as a part of our service delivery system.

With a primary goal of targeting the "highest risk" offenders for our most intensive set of services, we propose to continue use of the **TCU CJ-CEST**, and a screening tool that captures common criminal thinking errors, the **TCU CTS.** These standardized instruments are designed to collect baseline data in four primary domains: treatment needs/motivation, psychological functioning, social functioning, and criminal thinking (See Knight, et al, 2006; and, Garner, et al, in press). The results are used to evaluate treatment readiness and engagement needs and to assist with treatment plan development.

The CJ version of the **Client Evaluation of Self and Treatment (CEST)** records offender ratings of the counselor, therapeutic groups, and the program in general. It has recently been re-organized by Dr. Knight and TCU, modifying it into four separate stand-alone sub-scales, which include offender ratings of motivation, psychological functioning, social functioning, and treatment engagement. The specific domains and 16 scales and indices are as follow:

Treatment Needs and Motivation

- *Problem Recognition* - acknowledgment (or denial) of behavioral problems resulting from drug use.
- *Desire for Help* – awareness of intrinsic need for change and interest in getting help.
- *Treatment Readiness* – accepting "action" in the form of specific commitments to formal treatment.
- *Treatment Needs* (index) – areas in which clients believe they need more help.
- *Pressures for Treatment* (index) – types of pressures experienced from external sources.

Psychological Functioning

- *Depression* – feeling depressed, sad, lonely, or hopeless.
- *Anxiety* – feeling anxious, nervous, tense, sleepless, or fearful.
- *Self-Esteem* – having favorable impressions of oneself.
- *Decision Making* – having difficulty making decisions, considering consequences, or planning ahead.

Social Functioning

- *Hostility* – having bad temper or tendency to intimidate, hurt, or fight with others.
- *Risk-Taking* – enjoys taking chances, being dangerous, or having wild friends.
- *Social Support* – having external support of family and friends.

Treatment Engagement and Process

- *Treatment Participation* – being involved and participating in treatment, talking about feelings.
- *Treatment Satisfaction* – satisfaction with the treatment program, services, and convenience.
- *Counseling Rapport* – having a therapeutic and trusting relationship with counselor/staff.
- *Peer Support* – having supportive relationships with other clients in the program.

The CEST forms are administered at intake (except for the treatment engagement form) and at the end of each treatment phase.

The TCU **Criminal Thinking Scales (CTS)** is a screening tool that captures common criminal thinking errors. Drug dependent individuals who score high on these scales "think like a criminal" and pose a threat to public safety. They clearly are good candidates for our most intensive services that are specifically designed to address both drug use and criminality. The six CTS self-report scales designed to measure criminal thinking errors include the following:

- *Entitlement* – sense of ownership and privilege, misidentifying wants as needs.
- *Justification* – justify actions based on external circumstances or actions of others.
- *Power Orientation* – need for power, control, and retribution.
- *Cold Heartedness* – callousness and lack of emotional involvement in relationships.
- *Criminal Rationalization* – negative attitude toward the law and authority figures.
- *Personal Irresponsibility* – unwillingness to accept ownership for criminal actions.

The CTS form is administered at intake and at the end of each treatment phase.

CTS—Recommended Assessment for Assignment to *Pathway to Change* Intervention

As a result of our experience implementing the CTS instrument at Ozark and other institutional programs under contract throughout Missouri, Gateway proposes to use this instrument to assess clients in need of the *Pathway to Change* curriculum. As identified in the pre-bid conference, *Pathway to Change* is designed to change criminal attitudes and behaviors by introducing positive techniques for coping with challenges, but the curriculum needs to be provided selectively to those who present with the highest level of criminal thinking.

The CTS is ideally designed not only to identify those most in need of this intervention at treatment intake, but it also can be used to assess the changes that occur as a direct result of participation in the program. Using the CTS, counselors will assign participation in *Pathway* as a part of the treatment planning process. The use of this TCU instrument also will enable Gateway to provide the Department with "pre-/post-test" measurement of improvements resulting from the intervention. This process can begin as soon as Gateway is awarded the contract.

TCU Health Form: Gateway will use the Texas Christian University (TCU) Health Form to screen offenders for mental health problems. This form is based on the K10 mental health screening and contains 10 items that ask offenders about symptoms of fatigue, nervousness, hopelessness, restlessness, depression, and worthlessness during the past 30 days. The form will be used to identify offenders who may need referral for additional mental health services.

TCU Trauma Form [based on the PTSD CheckList – Civilian Version (PCL-C)]: In recognition of the relationship between substance abuse, mental health problems, and trauma, as well as the prevalence of trauma among substance abusers, Gateway proposes to continue conducting a specific trauma assessment, the PTSD CheckList – Civilian Version (PCL-C). This instrument is a 17-item self-administered questionnaire. It uses diagnostic criteria B, C, and D for PTSD of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). There are three associated PTSD symptom clusters. They are re-experiencing, numbing/avoidance, and hyper arousal. The participants' rate the items on a 1 to 5 scale based on how they felt over the last month. Therefore the total response can range from 17 to 85. The general PCL was first created for Vietnam combat veterans, although it now accounts for both genders and civilians. With civilians, 50 or higher corresponds to lower sensitivities (0.60 to 0.78) and moderate specificities (0.89 to 0.99). This instrument is included in the TCU Automated Data Collection (ADC) process and is administered during the initial assessments conducted during the Orientation Phase of treatment. The TCU Scantron form is labeled the TRMAFORM and is provided as an attachment to this proposal.

As referenced elsewhere in this proposal, **Gateway has worked with TCU over the past several years to pilot test the Automated Data Collection system for the CTS and other standardized instruments. Additionally, Gateway has administered these assessments at our units for several years, providing data with application to individualized treatment services, program development, and outcome measurement.**

Gateway is therefore the provider of choice to continue this strategy at WERDCC/NECC and CCC to effectively identify offenders who are struggling with changing negative thinking patterns and to develop additional strategies and brief interventions that will address these risks for a return to negative behaviors.

Administration of these assessment instruments is conducted by trained office staff. Evaluation and application of the test data will continue to be completed by a certified, registered, or appropriately licensed Substance Abuse Professional as defined by the Department of Mental Health's Division of Alcohol and Drug Abuse Certification Standards for Alcohol and Drug Abuse Programs in Missouri.

TCU Assessment System—Internal Evaluation Protocol Administration Schedule

Gateway Foundation programs implement the **TCU Assessment System** through the Internal Evaluation Protocol (IEP), which uses a dynamic assessment process that identifies client risks and needs throughout the treatment episode. Specifically, the IEP implementation process allows Gateway clinicians to identify the individual risks and needs of each offender at intake, and as they progress through each phase of the program. The intake administration of the established protocol will be completed within the first 10 days of treatment to ensure that the TCU assessment information is included in the Treatment Plan. Subsequent administrations are completed according to the administration protocol at the initial phase advancement point, just prior to completion of the case evaluation report for Probation and Parole, and prior to discharge.

The chart on the following page outlines the IEP administration schedule.

Gateway Internal Evaluation Protocol—Administration Grid for Long-Term Treatment

ASSESSMENTS INCLUDED	ADMIN 1 (Intake)	ADMIN 2 (45-60 days)	ADMIN 3 (@ 9 months)	ADMIN 4 (DC)	ADMIN 5 (Early DC)
ADMINISTRATION CODES	Code: 01	Code: 02	Code: 03	Code: 04	Code: 95
TCU Drug Screen II	X	--	Copy from Admin 1	--	--
TCU Criminal History Form	X	--	Copy from Admin 1	--	--
TCU Motivation Form	X	X	X	X	X
TCU Psychological Functioning	X	X	X	X	X
TCU Social Functioning	X	X	X	X	X
TCU Treatment Engagement	--	X	X	X	X
TCU Criminal Thinking Scale	X	X	X	X	X
TCU Health Form	X	--	--	--	--
TCU Trauma Form	X	--	--	X	X
IPASS*			X		

*IPASS is a report summary, not an assessment.

The Short-Term and Intermediate program administration protocol will be less intensive, focusing on intake, mid-point and discharge administrations.

Inmate Pre-release Assessment (IPASS) and Transition Planning

As a part of the Internal Evaluation Protocol (IEP), all Gateway clients take a series of standardized assessments throughout their treatment episode. As a result of the assessment data collected over the course of treatment, Gateway clinicians are able to provide a discharge recommendation that includes the ***Inmate Pre-Release Assessment*** (IPASS). These assessments include the Criminal History Form, scores from the TCU Drug Screen, and the Engagement Score from the TCU CJ-Criminal Evaluation of Self and Treatment Form.

The composite score is the IPASS score, which determines the level of risk (high, moderate, low) for recidivism and/or relapse. This objective score is then used by clinical staff to ensure the most appropriate continuing care referral is made in preparation for discharge.

Gateway will continue to complete the IPASS scoring on each offender prior to the final phase of treatment as a function of the discharge and continuum of care planning processes.

Additional Assessments as Required

Gateway will work with the Department to review additional assessment needs over the life of this contract and agrees to develop a joint protocol regarding the implementation of any new instruments that are required.

2.4.2 TIMELY COMPLETION OF ASSESSMENTS

Gateway understands and agrees to the Department's goal to maximize the number of substance abuse assessments completed to ensure appropriate and timely program placement. As required, assessments will be completed as follows:

- Assessment services for female offenders who have been Court ordered for institutional substance abuse treatment will be provided within 10 calendar days after program placement.
- Assessment services for (non-court ordered) female offenders who have been screened and referred by the Department will be provided upon request to assist the Department in determining suitability for treatment services and program placement.
- Assessment services for male offenders who have been admitted for treatment at NECC will be provided within 10 calendar days after program placement.

2.4.3 WRITTEN ASSESSMENT SUMMARY REPORTS

Gateway will complete all required substance abuse assessment and classification instruments, and written assessment summary reports within one (1) working day of conducting an assessment interview with an offender for individuals whose assessments will be used to determine suitability for program placement. The procedure to direct and track this referral process will be developed by the Assistant Director, Division of Rehabilitation Services, Substance Abuse Services, and appropriate Probation & Parole staff in consultation with the Warden at each correctional facility and with Gateway.

2.4.4 APPROVED ASSESSMENT INSTRUMENTS

Gateway has identified its proposed assessment instruments and will use a scoring format that is approved by the Assistant Division Director, Offender Rehabilitative Services for Substance Abuse Services, and the Assistant Client Services Manager, ITSD.

2.4.5 GENDER-RESPONSIVE ASSESSMENT INSTRUMENT

Gateway assures the Department that, when a Gender-Responsive Assessment Instrument has been completed by the Department for offenders who are in a program for six (6) to twelve (12) months, information obtained from the assessment will be detailed in the assessment summary and that implementation of the instrument is anticipated in FY13.

2.4.6 Assessment Personnel Credentials

Gateway assures the Department that assessment instruments and interviews will be completed by certified, registered, or appropriately licensed Substance Abuse Professionals as defined by the Department of Mental Health's Division of Alcohol and Drug Abuse Certification Standards for Alcohol and Drug Abuse Programs in Missouri.

2.4.7 Assessment of Offenders with Special Needs

All offenders with special needs will be assessed, including but not limited to those offenders with co-occurring substance abuse and mental health disorders, lower cognitive functioning, physical disabilities and learning disabilities or deficits.

2.4.8 Signed Releases

Gateway assures the Department that appropriate releases are signed for requesting previous treatment and assessment records of offenders, as needed.

2.4.9 Written Narrative Summaries of Assessments

As required and at a minimum, the written narrative summaries of assessments currently comply with the assessment documentation requirements as reflected by the Certification Standards for Alcohol and Drug Abuse Programs, 9 CSR 10-7.010, et al "Core Rules for Psychiatric and Substance Abuse Programs." Gateway will continue to comply with these requirements.

2.4.10 Assessments for the Board of Probation & Parole

Upon request, Gateway will provide assessments for offenders whose hearings with the Board of Probation & Parole require the completion of an assessment to include an ASI and an ICA-SA. We understand that the procedure to direct and track the referral process will be developed by the Assistant Director, Division of Rehabilitation Services, Substance Abuse Services, and appropriate Probation & Parole staff in consultation with the Warden at each correctional facility and with Gateway.

2.5 TREATMENT SERVICES REQUIREMENTS

Per the Service Requirements for Treatment Services stated in the IFB, Gateway will provide the following treatment components at CCC and WERDCC.

2.5.1 COGNITIVE RESTRUCTURING APPROACH TO CHEMICAL DEPENDENCE AND CRIMINALITY

A. COGNITIVE RESTRUCTURING COMPONENT

Gateway will provide a cognitive restructuring component that incorporates both experiential and cognitive learning to target values, behaviors, and attitudes in the Short-Term Treatment Program, Offenders Under Treatment (OUT) Program, Intermediate Treatment Program, and Long-Term Treatment Program at CCC and WERDCC.

Research on criminal offenders has demonstrated that offenders' criminal conduct may be due to their lack of a repertoire of pro-social responses to their daily lives, which often results in aggressive acts, withdrawn behaviors, or other anti-social behaviors such as those associated with drug and alcohol abuse. For other offenders, planned and deliberate criminal acts are supported by strong antisocial attitudes and beliefs. Their way of thinking supports and justifies the serious offenses they commit. Behavior change cannot take place for these individuals until they become aware of their thinking and see a reason to change.

Gateway was a pioneer in integrating the use of cognitive self-change techniques into corrections-based treatment and specializes in a form of cognitive intervention known as Cognitive Restructuring/Cognitive Self-Change. Through both experiential and cognitive activities that target values, behaviors, and attitudes, offenders learn the techniques of cognitive self-change, i.e., that our attitudes and behaviors result from how we think. Classes focus on self-change techniques such as thinking reports and journals, and on identifying and changing common thinking errors that lead to criminal thinking and behaviors, and relapse.

Gateway's cognitive self-change component directly confronts both criminal and addictive behavior and teaches techniques for producing individual change and supporting pro-social behavior expected in the program through changing the thinking patterns that have supported past negative behaviors. The cognitive restructuring component of our treatment model is perhaps the most unique and significantly effective modification of traditional treatment services to date.

Cognitive self-change techniques identify and address the criminal thinking that is typical of the corrections population and supports the behavior expected in the treatment community. Through cognitive intervention education, inmates develop strategies to stop, think, and behave differently. Staff and other offenders reinforce these strategies for healthy and responsible thinking to help inmates develop alternatives to criminal thinking and behaviors.

The techniques are particularly effective because inmates incorporate the therapeutic techniques into their own repertoire and constantly monitor thoughts and associated behaviors.

Gateway believes that **recovery is a result of cognitive and behavioral change**. This can only be accomplished by skilled counselors working with clients to identify specific needs and develop means of change. A prime example of this approach is cognitive restructuring.

Gateway was a pioneer in integrating the use of cognitive restructuring into corrections-based prison treatment. **The cognitive restructuring component of our treatment model is perhaps the most unique and significantly effective modification of traditional treatment services to date.**

Contemporary research suggests that "superior post-release outcomes [are] secured . . . by offenders who had participated in [a] cognitive-behavioral program over those who had participated in a traditional disease-model substance abuse recovery program" (*Corrections Today*, "A Cognitive-Behavioral Approach to Substance Abuse Treatment," October, 1998, p. 103).

As detailed below, cognitive restructuring directly confronts both criminal and addictive behaviors, is profoundly conducive for producing individual change and creates self-reinforcing therapeutic milieus.

B. PATHWAY TO CHANGE

Changing offenders' criminal thinking patterns is integrated into Gateway's total treatment experience through connections among related goals, objectives, and tasks. The primary goal of the program is to assist offenders to acquire the competencies required for self-correcting cognitive distortions that lead to maladaptive behaviors that, in turn, result in relapse and recidivism. The primary goal of cognitive restructuring is to prevent substance abusers in the correctional system from committing crimes. The principle objectives in meeting this goal are (a) to assist participants in reorganizing how they think about themselves and others and (b) to substantiate attainment of this goal through process, impact, and outcome data.

The Gateway approach to changing offenders' thinking patterns provides them with a straightforward protocol for systematically identifying criminogenic cognitions and effective corresponding interventions and then supports them in generalizing this clinical experience to life in the treatment environment and ultimately, to post-release life. Gateway draws from all research-based studies and programs and proceeds in a manner that is commensurate with our long-standing reputation for effective and ethical treatment of under-served populations such as those found in the Missouri correctional system.

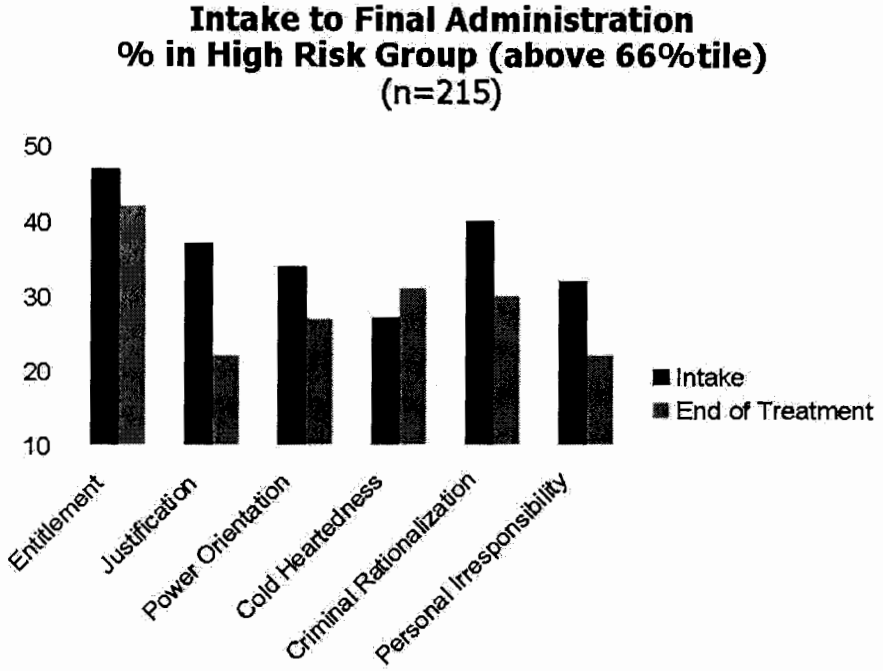
Gateway will implement the *Pathway to Change* (PTC) cognitive skills curriculum to facilitate behavioral change and strengthen cognitive skills, which supports success in transition from prison to community. *Pathway to Change* is designed to teach decision making and cognitive skills to criminal offenders and is written in language that accommodates the educational levels offenders may have.

The lessons allow self-examination by the offenders to identify their own thought and decision-making processes and learn new skills to correct faulty thoughts and behaviors that lead to criminal conduct. *Pathway to Change,* in conjunction with Gateway's Cognitive Self-Change curriculum (described in detail later in this proposal), will offer offenders many opportunities to develop and internalize the skills and changes necessary to become productive citizens on their return to society.

Pathway to Change consists of twelve lessons. The first six lessons are the core modules and will be presented sequentially and to a closed group of no more than 24 offenders. The second series of six lessons may be presented to open groups and not necessarily in sequence. The program is designed for one (1) or two (2) two-hour modules per week.

As indicated in the IFB, the Department seeks to implement the *Pathway* curriculum in a focused process based on individualized need in order to improve the efficacy of the intervention. **Gateway proposes to assess all program participants at intake using the TCU Criminal Thinking Scales (CTS) evidence-based assessment instrument. Through this assessment, Gateway staff will recommend participation/assignment to the *Pathway* group for participants who are assessed as high-risk according to the CTS score.** This instrument can also be used as a measurement of change for those participating in the intervention, through administering it in pre-/post- fashion. (The instrument was described in detail earlier in this proposal.)

To demonstrate the use of the instrument for this purpose, Gateway reviewed its recent data from the WERDCC program, with particular focus on the pre-/post- use of the CTS to measure changes in high-risk offenders. The table on the following page provides an overview of the findings.



Pre-/Post- Administration of CTS in high-risk offenders at WERDCC

The full report on this analysis is provided as an attachment to this proposal. Not only do the data demonstrate Gateway's ability to measure changes that result from clinical interventions, but they also provide evidence of the efficacy of our interventions with high-risk offenders.

Every staff member currently working for Gateway has been trained in *Pathway to Change* facilitation and participates in delivery of that program. All CCC staff members will be similarly trained prior to implementing the curriculum.

General Principles

Cognitive self-change techniques identify and address the criminal thinking that is typical of the corrections population. Participants learn these techniques according to a few general principles:

- what we do in our minds controls what we do in life
- by controlling one's thoughts, one can control and change behaviors
- cognitive self-change techniques allow one to identify the connection between criminal behaviors and the thoughts and feelings that encourage the use of drugs and participation in criminal activity

Through cognitive intervention education, participants learn to develop strategies to stop, think, and behave differently. Staff and other participants reinforce these strategies for healthy and responsible thinking to help each participant develop alternatives to criminal thinking and behaviors.

Specifically, participants learn to:

- perfect specific techniques, including self-monitoring of thought patterns and recognizing the connections between thoughts, attitudes and behaviors
- recognize distorted thinking and
- apply the plan for change

These techniques are particularly effective because the participant incorporates the therapeutic techniques into his or her own repertoire, learns to question his or her conclusions or actions, and eventually begins to constantly monitor thoughts and associated behaviors.

Specific program goals include:

- **Cooperation** between staff and offenders to enhance the effectiveness of the program, and as a significant end in itself
- **Self-understanding** of how personal attitudes, beliefs and thinking patterns lead to criminal behavior, and how to control and change these attitudes, beliefs and thinking patterns
- **Motivation** to change behaviors based on a conscious choice and the realization that alternative ways of thinking and behaving are within our control
- **Reduction of Antisocial Behavior** by application of cognitive self-change principles

Thinking Reports and Journals

Two very potent cognitive self-change techniques involve use of **thinking reports and journals**. Effective use of these tools allows participants to identify the feelings, attitudes, beliefs, and behavior patterns associated with their **target behaviors**, and to identify **thinking errors**.

With ***thinking reports,*** participants

- describe specific situations in which they experience difficulty;
- record all thoughts during that situation;
- identify the feelings, attitudes, and beliefs that underlie the thoughts and behaviors;
- process these thinking reports and identify dysfunctional and distorted thought patterns ("thinking errors"); and
- learn how to intervene in the thought process to change it.

Participants use ***journals*** to

- identify target behaviors;
- look for patterns or cycles of thinking and behavior; and
- explore ways to manage these cycles by way of cognitive interventions.

By writing about their thoughts and behaviors, and perhaps sharing their journal entries with their peers, participants develop new habits of thinking, behaviors and attitudes. The focus is on learning, developing, and practicing the skills needed to build a healthy, responsible life.

Gateway's comprehensive Cognitive Restructuring Program Structure and Curriculum is outlined in detail and attached as an appendix.

C. Stage of Change Approach to Treatment and Recovery

Gateway's approach to treatment recognizes that offenders' specific needs are correlated with a specific stage of recovery. There are five theoretical "stages of change" (Precontemplation, Contemplation, Preparation, Action, and Maintenance) related to individual motivation for treatment. The characteristics of clients at each stage and Gateway's corresponding treatment components are summarized in the table below.

Stage-Wise Interventions

Upon intake, clients will be assessed on their readiness to change. The information will be interpreted in terms of DiClemente and Prochaska's Stages of Change to assist clients in understanding their current status relative to substance use and recovery and to encourage them to move to the next stage, thereby increasing commitment to treatment and recovery.

The results will be discussed with clients so that they understand their current stage. Specific ways to move to the next level of change will be discussed, and clinical staff will work with clients to address barriers to treatment engagement if necessary and to increase commitment to recovery and continued treatment.

Individual and group interventions are designed to meet clients at their level of readiness. Treatment intervention will be appropriate to clients' level of change-readiness, per the following table.

STAGE	CLIENT CHARACTERISTICS	TREATMENT COMPONENTS
Precontemplation	• No serious thinking about changing; not interested in help • Defensiveness about current behavior in face of pressure to change • Unwillingness to discuss behavior • Don't acknowledge selves as having problems	• Motivational Interviewing • Engagement groups • TCU Brief Intervention: "Getting Motivated for Change" • TCU Brief Intervention: "Reducing Angry Feelings"
Contemplation	• More awareness of personal consequences of behavior and positive aspects of changing • More openness to receiving information and education • Ambivalence about change • Doubt that the long-term benefits of change outweigh short-term cost of change	• Motivational Interviewing • Engagement groups • Counseling groups focused on Confrontation and Discrepancy • Life Skills Education Groups • Reentry issues related to the need for change
Preparation/ Determination	• Commitment to change is made • Identification of strategies and resources to effect change • May try to skip stage and move into action without adequate research of what is needed for major lifestyle change	• Motivational Interviewing • Life Skills Education groups • Counseling groups focused on treatment plan issues/goals
Action/Willpower	• Belief in ability and reliance on willpower • Active steps and variety of techniques to change behavior • Development of plans to deal with personal and external pressures leading to relapse • Use of short-term rewards to sustain motivation • Openness to receiving help and seeking support from others	• Cognitive restructuring groups • Goal-setting skills development • Relapse prevention planning • Support Group participation • Life Skills Education groups • Social skills development • Transition planning
Maintenance	• Successful avoidance of temptations to return to old behavior • Reminders of progress made and advantages of change • Constant reformulation of rules of their lives • Anticipation of relapse situations and preparation of coping strategies	• Reentry planning • Relapse prevention planning • Counseling groups • Support Group participation • Employment readiness training • Family education • Transition planning

Clients will participate in stage-wise group treatment that addresses both substance abuse and criminality. Clients in the pre-contemplation, contemplation, and preparation stages will participate in an "engagement" group in which motivational enhancement approaches will be used to help clients explore their motivation for continuing current/recent life styles as well as costs and benefits of change.

Clients in "action" and "maintenance" stages will participate in "action/relapse-prevention" groups. Clients in the Active Treatment stage or Relapse Prevention stage will receive substance abuse counseling that includes the following:

- Techniques to identify and manage internal emotional signals (cues) that precede a return to substance use and psychiatric relapse
- Techniques to identify and manage consequences of use
- Skills to refuse alcohol and other drugs
- Problem-solving skills
- Techniques to avoid high-risk situations
- Examination of and challenges to clients' beliefs about substance use
- Coping skills and social skills training to deal with symptoms or negative mood states related to substance abuse (e.g., relaxation training, cognitive-behavioral therapy for depression or anxiety, coping strategies for hallucinations)

DEVELOPMENTAL MODEL OF RECOVERY

Gateway also incorporates the Integrated Developmental Model of Recovery based on approaches set forth by the Center for Substance Abuse Treatment (CSAT) Technical Assistance Publication (TAP) 19, Part I and by Terence Gorski, a nationally renowned expert in substance abuse treatment and relapse prevention and a colleague of Gateway in the Chicago area, set forth in his paper entitled ""Modern' Alcohol and Drug Outpatient Treatment: An Overview of the Recovery Process, Learning Where We're Going" (excerpted from the book *Passages Through Recovery*).

Gorski notes the following about the Developmental Model of Recovery (emphasis added):

> "We don't recover overnight. Recovery is a developmental process during which we go through a series of stages. The term developmental means **'to grow in stages or in steps.'** It is a gradual effort to learn new and progressively more complex skills. A developmental model of recovery means that we can grow from simple abstinence to a meaningful and comfortable sobriety. We confront new problems while abstinent and try to solve them.

The developmental model of recovery is based upon the following premises:

1. Recovery is a long-term process that is not easy.
2. Recovery requires total abstinence from alcohol and other drugs, plus active efforts toward personal growth.
3. There are underlying principles that govern the recovery process.
4. The better we understand these principles, the easier it will be for us to recover.
5. Understanding alone will not promote recovery; the new understanding must be put into action.

6. The actions that are necessary to produce full recovery can be clearly and accurately described as recovery tasks.
7. It is normal and natural to periodically get stuck on the road to recovery. It is not whether you get stuck that determines success or failure, but it is how you cope with the stuck point that counts."

CSAT TAP 19 describes the Developmental Model of Recovery as follows.

TRANSITION STAGE

The transition stage begins the first time a person experiences an alcohol or drug-related problem. As addiction progresses, people try a series of strategies designed to control use. This ends with their recognition that safe use of alcohol and/or drugs is no longer possible. The struggle for control is a symptom of a fundamental conflict over personal identity. Alcoholics and drug addicts enter this level of recovery believing they are "normal" drinkers and drug users capable of controlled use. As the progression of addiction causes more severe loss of control, they must face the fact that they are addictive users who are not capable of controlled use.

During the transition stage, chemically dependent people typically attempt to control their use or stop using. They are usually trying to prove to themselves and others that they can use safely. This never works for very long. Controlled use is especially tough for people who are participating in criminal behavior because the high level of alcohol and drug use among their peers makes their lifestyle and use seem normal.

The major cause of inability to abstain during the transition stage is the belief that there is a way to control use.

STABILIZATION PERIOD

During the stabilization period, chemically dependent people experience physical withdrawal and other medical problems, learn how to break the psychological conditioning causing the urge to use, stabilize the crisis that motivated them to seek treatment, and learn to identify and manage symptoms of brain dysfunction. This prepares them for the long-term processes of rehabilitation.

Traditional treatment often underestimates the need for management of these issues, focusing instead on detoxification. Clients find themselves unable to cope with the stress and pressure of the symptoms of brain dysfunction and physical cravings that follow detoxification. Many have difficulty gaining much from treatment and feel they are incapable of recovery.

The lack of a supportive environment for recovery that many criminal offenders experience adds stress and undermines their attempts to stabilize these symptoms. They often use alcohol and drugs to relieve such distress. It takes between 6 weeks and 6 months for a client to learn to master these symptoms with the correct therapy.

The major cause of inability to abstain during the stabilization period is the lack of stabilization management skills.

EARLY RECOVERY PERIOD

Early recovery is marked by the need to establish a chemical-free lifestyle. Recovering people must learn about the addiction and recovery process and must separate from friends who use and build relationships that support long-term recovery. This may be a very difficult time for criminal justice clients who have never associated with people with sobriety-based lifestyles. They also need to learn how to develop recovery-based values, thinking, feelings, and behaviors to replace the ones formed in addiction. The thoughts, feelings, and behaviors developed by people with criminal lifestyles complicate and hinder their involvement in appropriate support programs during this period. Major intervention to teach the client these skills is necessary if he or she is to succeed. This period lasts about 1-2 years.

The primary cause of relapse during the early recovery period is the lack of effective social and recovery skills necessary to build a sobriety-based lifestyle.

MIDDLE RECOVERY PERIOD

Middle recovery is marked by the development of a balanced lifestyle. During this stage, recovering people learn to repair past damage done to their lives. The recovery program is modified to allow time to reestablish relationships with family, set new vocational goals, and expand social outlets. Clients move out of the protected environment of a recovery support group to assume a more mainstream and normal lifestyle. This is a time of stress as they begin applying basic recovery skills to real-life problems.

The major cause of relapse during the middle recovery period is the stress of real-life problems.

LATE RECOVERY PERIOD

During late recovery, people make changes in ongoing personality issues that have continued to interfere with life satisfaction. It is a process of examining the values and goals that one has adopted from family, peers, and culture. Conscious choices are then made about keeping these values or discarding them and forming new ones. In normal growth and development, this process occurs in a person's mid-twenties. Among people in recovery, it does not usually occur until 3-5 years into the recovery process, no matter when recovery begins.

For criminal offenders, this is the time when they learn to change self-defeating behaviors that may trigger a return to alcohol or drug use. These self-defeating behaviors often come from psychological issues starting in childhood, such as childhood physical or sexual abuse, abandonment, or cultural barriers to personal growth.

The major cause of relapse during the late recovery period is either the inability to cope with the stress of unresolved childhood issues or an evasion of the need to develop a functional personality style.

MAINTENANCE STAGE

The maintenance stage is the life-long process of continued growth and development, coping with adult life transitions, managing routine life problems, and guarding against relapse. The physiology of addiction lasts for the rest of a person's life. Any use of alcohol or drugs will reactivate physiological, psychological, and social progression of the disease.

The major causes of relapse during the maintenance stage are the failure to maintain a recovery program and encountering major life transitions.

STUCK POINTS IN RECOVERY

Although some clients progress through the stages of recovery without complications, most chemically dependent people do not. They typically get stuck somewhere. A "stuck point" can occur during any period of recovery. Usually it is caused either by lack of skills or lack of confidence in one's ability to complete a recovery task. Other problems occur when the recovering person encounters a problem (physical, psychological, or social) that interferes with his or her ability to use recovery supports.

When recovering people encounter stuck points, they either recognize they have a problem and take action, or they lapse into the familiar coping skill of denial that a problem exists. Without specific relapse prevention skills to identify and interrupt denial, stress begins to build. Eventually, the stress will cause the client to cope less and less well. This will result in relapse.

The various recovery stages described above are dealt with in Gateway's levels of treatment described below. The following table identifies the relationship among the stages of the developmental model, the treatment phases, and the treatment protocols, curricula, and program materials used in delivering Gateway's program.

Developmental Model Stage(s)	Treatment Level	Treatment Protocols/ Curricula/ Program Materials Used
Transition Stabilization	**Phase I**	• Assessment/diagnosis • Treatment plan development • TC structure orientation • Treatment orientation • Assimilation into the TC • Job assignments
Early Recovery	**Phase II**	• Cognitive restructuring/self-change techniques • Reality therapy • Individual counseling • Group counseling • Job readiness/employability assessment • Conflict resolution skills • Twelve-step programs • Family dynamics • Educational/vocational assignments • Substance abuse relapse prevention • Criminality relapse prevention • Continuing care planning • Group education
Middle Recovery Late Recovery	**Phase III**	• Individual/group counseling • Family support group • Effects of DUI • Victims' rights • Substance abuse relapse prevention • Criminality relapse prevention • Self-help group participation • Aftercare planning

POST-INCARCERATION		ACTIVITIES
Maintenance	**Post-Release Continued Care**	• Engagement in continued care treatment • Self-help group participation • Community service (not just mandated, but out of good citizenship) • Employment • Stable living environment • Compliance/fulfillment of legal requirements (i.e., completing probation/parole)

The Stage of Change approach is based on the theory that behavior change does not happen in one step. People tend to progress through different stages on their way to successful change, and they progress through the stages at their own rate. Therefore, simply telling people in the "precontemplation" stage, for example, that they must make life changes (e.g., "give up drugs or criminal activities") will not be effective and will not likely result in stable, long-term change.

According the Stage of Change approach, there are five stages, each with a different set of issues and tasks that relate to changing behavior. The stages are as follow:

- **Precontemplation:** Not yet acknowledging that there is a problem behavior that needs to be changed
- **Contemplation:** Acknowledging that there is a problem but not yet ready or sure of wanting to make a change
- **Preparation/Determination:** Getting ready to change
- **Action/Willpower:** Changing behavior
- **Maintenance:** Maintaining the behavior change

Because clients' motivation to change is different at each stage, different interventions are required at each stage to help people move through the stages to achieve lasting change. The characteristics of clients at each stage are summarized in the following table.

STAGE	CLIENT CHARACTERISTICS	GATEWAY'S APPLICATION TO PROGRAM DESIGN, TREATMENT PHASES, PROTOCOLS, CURRICULA, AND MATERIALS
Pre-contemplation	• No serious thinking about changing; not interested in help • Defensiveness about current behavior in face of pressure to change • Unwillingness to discuss behavior • Don't acknowledge selves as having problems	Fundamental to Gateway's methodology is the establishment of rapport and raising doubts about the client's substance abuse and criminality. This is accomplished through both client and peer involvement in phase-integrated groups, seminars, and psycho-educational classes.
Contemplation	• More awareness of personal consequences of behavior and positive aspects of changing • More openness to receiving information and education • Ambivalence about change • Doubt that the long-term benefits of change outweigh short-term cost of change	Through the use of interactive cognitive exercises, role playing, journaling and other activities programming is designed to help the client "tip the decisional balance scales" toward change. Phase advancement and increased responsibility to the community provides the opportunity to build self-efficacy and elicit self-motivation.
Preparation/ Determination	• Commitment to change is made • Identification of strategies and resources to effect change • May try to skip stage and move into action without adequate research of what is needed for major lifestyle change	Activities directed at strengthening a commitment to change are integral to the Gateway model to include peer support and self-help opportunities. The client is encouraged to explore the realities of the change process and to verbalize his intentions to pursue change with understanding that change is indeed a process not an event.
Action/ Willpower	• Belief in ability and reliance on willpower • Active steps and variety of techniques to change behavior • Development of plans to deal with both personal and external pressures leading to relapse • Use of short-term rewards to sustain motivation • Openness to receiving help and seeking support from others	Recovery and re-entry strategies become the focus of treatment planning. Journaling, group and peer support continue to contribute to and reinforce the clients decision to change. Individual and group activities are designed to help clients identify high-risk situations through a functional analysis and develop appropriate coping strategies to over come these.
Maintenance	• Successful avoidance of temptations to return to old behavior • Reminders of progress made/advantages of change • Constant reformulation of rules of their lives • Anticipation of relapse situations and preparation of coping strategies	Activities include work assignments, education, recreation, and personal time to focus on interactive and introspective processing. The client is encouraged to "see himself as he is" and to honestly consider his daily choices as helpful or hindering long range goals. Progress is recognized and celebrated with recognition that every new day presents fresh challenges to his commitment.

Gateway has incorporated the stage of change approach into its program design and treatment protocols, curricula, treatment phases, and program materials. Gateway clearly delineates the application of the stage of change approach to the practices in the selected treatment model.

C. SIX-DAYS-PER-WEEK PROGRAMMING

Gateway will provide services six days per week. In addition to psychoeducational classes, small process groups, and individual sessions, Gateway provides a variety of other treatment activities as described below.

Morning Meetings: Morning Meetings convene every day following breakfast. The meeting is brief (30-40 minutes) and is conducted by residents under the supervision of staff. The general purpose of the Morning Meeting is to initiate the activities of the day in a positive manner. However, the specific objectives of this meeting are to motivate individuals to accept the day's activities with a positive attitude, to alter negative social images in a playful way, and to strengthen awareness of the program as family or community. These objectives relate to and reflect the treatment communities' view of the client and the role of the community in the recovery process. Morning Meeting components include the following:

- **Recitation of the Gateway Philosophy**: Recitation of the Philosophy in the Morning Meeting is viewed as a bonding mechanism and a means of reaffirming the value of the collective struggle toward recovery and life change.

- **A Concept for the Day**: A well known maxim or phrase (e.g., "Honesty is the best policy.") is presented with a brief explanation that reflects the residents' perception or personal understanding of it. Thus, individual differences in comprehension in the audience should not be inhibited by criticism, debate, or negation.

- **A Word for the Day**: A single word or phrase (e.g., "serenity") is selected. A resident presents a formal definition and then underscores the word alone, or together with the Concept, as the Thought for the Day. The use of the Word and Concept is to stimulate resident thinking, particularly in relation to positive change, as well as to enhance vocabulary.

- **The Weather Report**: A brief report is generally drawn from newspapers or TV. The use is practical in that it dictates the appropriate dress for those who will be working outside or leaving the facility. It is also a simple, disarming reminder of the "reality" of outside living.

- **Songs**: This includes group songs or songs by presenting residents. The audience is free to join in singing with rhythmic handclapping or finger-snapping.

- **Skits and Productions**: These include poems, jokes impersonations, or humorous awards (e.g. worst dressed, biggest reactor, most positive resident). The theme of various productions is mild, good-natured, fun, and free from serious or pointed criticism.

Wrap-up Meeting: Wrap-up meetings (also known as House Meetings) are the primary vehicle for transacting business. Wrap-up meetings convene every night of the week, assembling all residents of the Wing. The main function of the Wrap-up Meeting is community management. The basic purpose of the meeting is to communicate issues and concerns, while ending the day on a positive note. The basic business agenda in a customary sequence as follows:

- Recitation of the Gateway Philosophy
- Introduction of new residents
- Announcement of CDVs, BCs, and LEs
- Apologies/Announcements
- Group push-ups and pull-ups
- Announcement of up-coming Conflict Resolutions
- Announcement of Structure job changes
- Announcement of Phase changes
- Announcement of details of recreation, Structure meetings, self-help meetings, etc
- Announcement of food service menu for following day
- Identification of residents who are scheduled for medical or other appointments
- Special informational announcements
- Staff announcements

Community Meetings: Community Meetings are the last business meeting of the week (Friday evening). A weekly report that summarizes the condition of the Wing, the number of Conflict Resolutions, CDVs, BCs, phase-ups and de-phases for the week is provided. The Family Member of the Week is announced and asked to share something about himself, his treatment progress, and his recovery. Assigned seminars from LEs and BCs are processed. Positive Affirmations are read. Time is allowed for discussion of Wing concerns, including problems that have occurred and need to be addressed.

General Meetings: General Meetings are attended by both residents and staff to address attitudes, behaviors, and issues that are a threat to the community. Meetings may also be held when a specific resident or group of residents has regressed in treatment and is being considered for a behavioral discharge. The purpose of the meeting is to utilize peer pressure to encourage the resident or group of residents to make positive change. These meetings can be requested by Structure, but only called by staff.

Classes and Seminars: Classes and seminars are conducted by staff, residents and/or guests and cover materials such as specific life skills, anger management, decision making, HIV, and chemical dependency education. Classes and seminars are designed to broaden the horizons of each community member. The Gateway curriculum offers a variety of potential topics. When residents assist the community by co-facilitating classes and seminars, they have the opportunity to review the curriculum to prepare them for this challenging opportunity to be both a teacher and a student.

Seminars are usually conducted by clients and present the teachings of recovery and right living, which balances the members' experiential learning during treatment. There are three main goals of utilizing seminars: Intellectual stimulation, personal involvement, and social integration.

Tutorials: This is a session or "special event" that is signified by staff stature and relaxed rules. This is a long session that permits spontaneous relaxed conversation due to the use of novels, movies, poems, etc. The features of this tutorial are effective and maximized learning because they communicate to the clients that they and the event are of special importance. The inherent goal of the personal growth tutorial is to teach members how to examine an issue, concept, or question versus drawing a specific opinion or conclusion, teaching open-mindedness. Two other types of tutorials are clinical skills (mock encounters) and job skills.

Peer Support Meetings: The Peer Support meeting is a Wing-specific meeting that occurs on a weekly basis. The main context and importance of a Peer Support meeting is to help change negative socialization and antisocial behavior. Peer Support meetings allow members to positively re-socialize. The overall process must involve peer interactions, sharing, and suggestions for improvement, instruction, and confrontation. Everyone benefits from this process because the Wing family knows where each member is in regard to his program and recovery and can learn from one another.

Conflict Resolution Groups are conducted four times per week on each unit

Requiring accountability teaches respect for the community's structure. Accountability is the mechanism for measuring conformity and is the basis of pressure for change. Accountability depends on ***confrontation*** of negative behaviors or attitudes.

The setting for the use of this tool (confrontation) is the ***Conflict Resolution Group.*** This group allows the clients to identify negative behaviors and provides a forum for them to deal with themselves and to interact with one another. Its focus is on the present—the here and now. The group heightens self-awareness and provides the opportunity (and often the impetus) to express feelings under the surface, particularly hostility and anger. This structured opportunity represents the opposite side of the restrictions against spontaneous outbursts at all other times. The purpose is to teach the resident how to control feelings and manage behavior appropriately in a particular time and place.

Conflict Resolution Groups are the hallmark feature of the treatment episode and thus a significant component of the treatment model. The process of being called to account for one's behavior is what motivates change in the individual. "I will be held accountable for all I do." The group is where "I confront myself in the eyes and hearts of others." This structured attempt to resolve the conflict is an expression of compassion and responsible concern and is necessary for confronting behaviors/attitudes with honesty and self-awareness as steps toward positive change.

The effectiveness of the process is dependent upon the community's use of the tools. Clients have an opportunity to deal with issues in a direct, confrontational manner on an emotional level. This community forum allows all individuals to learn and grow. Conflict Resolution Group sessions are facilitated by clinical staff who have been trained in the Conflict Resolution Group process. All Conflict Resolution Groups serve the following therapeutic purposes:

- Heighten an individual's awareness about specific attitudes or behaviors that should change.
- Express thoughts and feelings toward others in a manner that is expected to result in meaningful resolution.
- Learn how to work on interpersonal problems and issues from an attitude of responsible concern for others.
- Learn how to work through conflicts with others through emotional interactions as opposed to physical interactions.
- Learn how to become more verbally assertive as opposed to physically aggressive.
- Learn how to listen to others. Conflict Resolution Groups are a great opportunity to hear and process the information given and "if it doesn't apply, then let it fly."

Conflict Resolution Groups are emotionally based and staff-facilitated. The focus is on how clients feel based on their perceptions of the behavior of others. These groups are not an arena for clients to simply expose others to the group or to retaliate for perceived past wrongs, nor are they forums for clients to explain or defend themselves. They are opportunities for clients to express current feelings about interpersonal situations to assist others in changing negative patterns of behavior, thinking, and feeling. The primary goal of the Conflict Resolution is to resolve interpersonal problems and to heighten an individual's awareness of specific problematic behavioral patterns.

Brief Intervention Groups (Targeted Groups): Targeted groups are small, closed directed groups held over a period of 4 to 6 weeks. Assignment to these groups is made based upon needs identified through TCU assessments and/or counselor observation. The group's intent is to address a specific individual need through the group process and is based upon short curriculum developed through Texas Christian University. Topics include the following:

- Getting Motivated to Change
- Understanding and Reducing Angry Feelings
- Unlock Your Thinking Open Your Mind
- Ideas for Better Communication
- Mapping Your Reentry Plan
- Mapping the Twelve Steps
- *Time Out! For Me: An Assertiveness and Sexuality Workshop for Women*

Work Assignments: Offenders will be required to conduct daily operational tasks needed to maintain the institution and the treatment environment. Gateway has worked to incorporate job duties into the therapeutic fabric of the programs. All non-student offenders are assigned to an institutional job in addition to the expectation that they will also contribute to the community by accomplishing services to the community (structure job) that exceed this institutional job assignment.

Work ethic, work attitude, and work performance are all an extension of the community and the individuals within the community. Therefore, these assignments are a part of the therapeutic process and are integrated into the program activities. Work performance is a part of the general discussion of offenders' progress and is processed with individuals becoming part of the treatment plan and progress review.

Daily Structured Programming and Client Education

Gateway recognizes that clients' ability to identify their feelings and express them appropriately, to resolve conflicts responsibly and to develop healthy decision making skills are important aspects of a comprehensive personal recovery program, and our programming and education efforts focus on these important issues. Our treatment education and program curricula include seminars and group process sessions on substance abuse and recovery, relapse prevention, life skills, interpersonal skills, offender lifestyle confrontation and family dynamics.

A detailed description of Client Education topics is set forth in the Group Education section. Our Client Education program addresses all topics required by the IFB. Gateway understands that any modifications to material presented and utilized, including video and audio presentations, must be first approved by the Department.

Group therapeutic activities take on a variety of formats, but each addresses client's substance abuse, criminal attitudes and behaviors and special needs, when applicable. Scheduled group activities include **family meetings** (also known as **AM or PM Development groups),** which are held as **wing meetings** or **facility-wide meetings, process (or static) groups,** and **conflict resolution groups**. These activities are described in detail in other sections of this bid.

Gateway agrees to provide therapeutic activities such as those described above **six (6) days per week** and to schedule such activities to **accommodate clients' schedules and ensure maximum participation.**

Current Daily/Weekly Activity Schedules depicting the activities required by the IFB are included in Section 3.7.7 of this proposal. The level of specificity provided in these schedules demonstrates Gateway's understanding of the environment and provides evidence of a clear integration of services within the structure of the institution—which is something that cannot be provided by any other vendor.

Gateway acknowledges that program schedule modifications, if needed, will be developed jointly between Gateway and the Department upon receipt of the award. The goal of all clinical programming is to ensure that the programming is a uniform and integrated treatment environment.

D. THERAPEUTIC ASSIGNMENTS

In addition to the homework assignments, program-specific assignments, and adjunctive therapeutic activities described in the previous section, Gateway will incorporate the following activities.

- Morning Meeting
- Wrap-Up Meetings
- Community Meetings
- Classes and Seminars
- Peer Support Meetings
- Conflict Resolution
- Brief Intervention Groups
- Work Assignments
- Conflict Resolution
- Leisure Activities
- Learning Experiences
- Family education and support
- 12-Step and alternative recovery support groups

2.5.2 PROGRAM PHASES

Services for the programs previously described will be provided in the phases described in the sections that follow.

2.5.3 PHASE I

During this phase, each offender not assessed within the past year will receive a substance abuse assessment and orientation to Department rules, regulations, the treatment center and the treatment process. During this phase, each offender will receive a minimum of thirty (30) hours of therapeutic activity per week.

PHASE I: ORIENTATION PHASE—INFORMATION DISSEMINATION

Purpose of the Orientation Phase

The purpose of the Orientation Phase is to acclimate offenders to the processes included in the overall treatment environment. The phase itself is referred to as the "information dissemination" phase; as such, the objective of this initial phase is to provide foundational expectations for the treatment episode and to develop an individualized plan for the offenders' participation. Traditionally this phase is primarily didactic, in that offenders must be provided with an overview of the facility regimen, the treatment process, and the expectations for participation and progression through the program, accomplished through a variety of orientation seminars. In addition, the Orientation Phase provides an opportunity to establish the framework within which each individualized treatment episode is developed. This is done through comprehensive assessment and screening processes, as outlined below.

Functions in the Orientation Phase

The collective treatment functions in the Orientation Phase include two primary objectives: comprehensive assessment of offender treatment needs and an overview of expectations for participation as a part of the overall treatment protocol. The comprehensive assessment for each offender is a compilation of standardized instrumentation and individualized interviews that cover psycho-social functioning; alcohol/drug dependency issues; familial and social support systems; medical and psychological health; and educational, vocational, and employment needs.

These assessments collectively provide the basis for comprehensive treatment planning that directs the regimen of services delivered and opportunities provided to offenders within the treatment environment. Specifically, the assessment functions completed within the first week to ten days at the facility include the following:

Addiction Severity Index (ASI)—comprehensive psychosocial assessments, focusing on alcohol/drug use history and impact on major life areas. The results are used to develop alcohol/drug treatment goals and to identify risks and needs within each of the major problem areas.

Criminal Justice—Client Evaluation of Self and Treatment (CJ-CEST) and Criminal Thinking Scale (CTS)—standardized instruments designed to collect baseline data in four primary domains: treatment needs/motivation, psychological functioning, social functioning, and criminal thinking (See Knight, et al, 2006; and, Garner, et al, in press). The results are used to evaluate treatment readiness and engagement needs and to assist with treatment plan development.

TCU Health Form--Gateway will use the Texas Christian University (TCU) Health Form to screen offenders for mental health problems. This form is based on the K10 mental health screening and contains 10 items that ask offenders about symptoms of fatigue, nervousness, hopelessness, restlessness, depression, and worthlessness during the past 30 days. The form will be used to identify offenders who may need referral for additional mental health services.

PTSD CheckList – Civilian Version (PCL-C): In recognition of the relationship between substance abuse, mental health problems, and trauma, as well as the prevalence of trauma among substance abusing women, Gateway proposes to conduct a specific trauma assessment, the PTSD CheckList – Civilian Version (PCL-C), for all women admitted for substance abuse treatment at WERDCC and CCC and for the male offenders at NECC. This instrument is a 17-item self-administered questionnaire. It uses diagnostic criteria B, C, and D for PTSD of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). There are three associated PTSD symptom clusters. They are re-experiencing, numbing/avoidance, and hyperarousal. Participants rate the items on a 1 to 5 scale based on how they felt over the last month. This instrument is included in the TCU Automated Data Collection (ADC) process and will be administered during the initial assessments conducted during the Orientation Phase of treatment. The TCU Scantron form is labeled the TRMAFORM and is provided as an attachment to this proposal.

These instruments are described in detail in the assessment section of this proposal. The focus in Phase I is to provide clients with an orientation to the treatment environment while seeking to engage them in treatment readiness activities. Clients are expected to attend 12-step or other self-help groups and complete a continuum of care plan. During orientation, there typically is a degree of resistance and denial. Additionally, clients often are insecure about their ability to make the necessary changes expected of them and perhaps a little frightened about confronting the issues related to their substance abuse, behavior, and thinking. Staff uses or will use proven **motivational techniques** to encourage awareness of problems and needs and to facilitate participation in treatment activities and program interventions.

The **central goals** for clients in orientation include the following:

- **assessment and diagnosis** of clients' conditions
- **assessment of clients' level of motivation and treatment readiness** to determine their propensity for engagement
- **development of a comprehensive treatment plan** which includes measurable and behavioral goals, objectives and activities to be addressed in treatment
- **orientation** to the treatment program by staff and peers
- **assimilation** into the treatment process

Orientation activities include the following:

- Senior members of the program are assigned to new clients to assist in the adjustment process by spending time with the new clients and helping them adjust to the program.
- Staff members address the orientation needs of each client and address specific issues of concern which may hamper a client's ability to trust to acclimate to the treatment program.
- New clients are assigned a job function to get them involved in program activities.
- New clients also are required to engage in all treatment activities and events.
- Staff members conduct assessments that include evaluation of clients' strengths and weaknesses, complicating factors, risk assessment, particular problem areas, family or other intimate relationships, and vocational experiences and interests, among other issues.
- Gateway will ensure that our clinicians are trained to conduct thorough assessments using established and appropriate assessment and screening techniques. We will provide assessments and documentation within the timeframe and format required by the Department.
- **The counselor and client develop the client's treatment plan based on information obtained during the assessment period.** The treatment plan highlights specific treatment issues and provides the client with a "road map" or guide for accomplishing treatment goals, meeting treatment needs and successfully resolving treatment issues.
- Clients are provided an **Orientation Manual** that provides comprehensive information on the expectations placed on them during treatment. A sample Orientation Manual from our current WERDCC program is attached as an appendix to illustrate the type of manual that we will provide at CCC.
- Clients attend a regularly scheduled orientation group that focuses on the information contained in the orientation manual and assisting clients to understand the treatment program.
- During this phase, staff members focus on **engaging** clients in the treatment process and **motivating** them to participate in treatment and address their individualized treatment issues.
  - Clients are given an Orientation Test to determine whether they understand the basic concepts of the treatment program. Clients who do not pass the test participate in refresher courses to assist the client in her understanding of the treatment expectations and rules of the community. Gateway's Orientation Test is attached as an appendix.

2.5.3.1 PHASE I LENGTH

Per the requirements of the IFB, the length of Phase I in each program will be as follows:

- Short-Term Treatment Program: approximately one (1) week
- OUT program and Intermediate Treatment Program: approximately three (3) weeks
- Long-Term Treatment Program: approximately four (4) weeks

2.5.4 PHASE II

During this phase, each offender will receive an intensive level of treatment and receive a minimum of thirty (30) hours per week of therapeutic activity which will include but not be limited to, the following:

- Individual counseling
- Group counseling
- Recovery-focused substance abuse education
- Therapeutic community meetings
- 12-Step and alternative recovery support groups
- A continuing care/aftercare plan shall be initiated during this phase. This plan shall follow a structured and holistic approach for on-going recovery that will include, but not be limited to, a relapse prevention plan.

Individual and Group Counseling are discussed in detail in Sections 2.6 and 2.7, respectively.

PHASE II: PRIMARY TREATMENT PHASE—PERSONAL APPLICATION

Purpose of the Primary Treatment Phase

The purpose of the second phase is to promote individual change within the structure and interventions of the treatment program. This phase is traditionally referred to as the "Personal Application" phase of the program, as it is here that the individual is challenged to internalize what has been presented to them in the Orientation Phase regarding the need, and therefore opportunity, for personal change.

As stated in the Gateway philosophy, offenders must *"confront himself/herself in the eyes and hearts of others,"* thereby discovering the aspects, qualities, and characteristics of their lives that require change." The objective is to provide offenders with a structured plan for addressing the needs that are identified through their comprehensive assessments and the subsequent opportunities to make those life changes via the programming and/or experiential interventions implemented during treatment.

This stage involves some of the most important personal growth for clients. During this initial period of newfound abstinence, clients frequently begin to experience an entire gamut of uncomfortable feelings, low self-esteem and haunting memories related to their drug use, criminal lifestyles and past traumatic abuse.

For clients who exhibit resistance as they enter Phase II based on the lack of improvement in CJ-CEST and CTS scales, Gateway implements targeted Brief Interventions to further reinforce their engagement in the program.

Specifically, the most common interventions at this point are the TCU Brief Intervention modules on "*Understanding and Reducing Agree Feelings*" and "*Getting Motivated to Change*, which are described in more detail later in the section. These interventions reduce hostility toward the program and focus on engagement techniques—both of which have evidenced an impact on retention in Gateway programs.

To get through this challenging time period, it is essential that clients focus on obtaining knowledge and developing skills for autonomous decision-making and self-management with minimal reliance on authorities, and gaining insight into their lives and behaviors. To accomplish this, clients participate in group counseling settings and community activities that are geared toward allowing clients to deal with issues identified in their treatment plans by interacting in mutually supportive and constructive ways.

Treatment goals and issues include the following:

- full engagement and participation in the treatment process
- focus on abstinence and psychological growth
- understanding the nature and extent of substance use
- identifying the connection between substance use and criminal behavior
- learning to communicate and trust others
- developing a working knowledge of the tools of recovery (including the successful use of self-help and peer support groups)
- full use of positive reinforcement of privilege and status level system
- develop job readiness skills, ability to improve interpersonal relationships in the workplace and resolve authority relationship problems to improve employability
- learning to utilize cognitive self-change techniques and working through personal recovery issues such as past abuse, mental illness, relationship difficulties, remorse, grief, loss, etc.

These treatment issues are dealt with actively through clients' participation in all aspects of treatment, including didactic education, skills training, offender lifestyle conflict resolution, twelve-step or secular self-help groups, relapse prevention education, education about family dynamics, group counseling, individual counseling and cognitive restructuring experiences. Clients also receive educational/vocational assignments and complete work assignments inherent to each inmate's assigned job responsibility.

As clients progress through this phase, they gain a mastery over issues that may have devastated them in the past. This mastery enhances self-confidence and results in the client's ability to function more effectively as treatment continues. Typically, clients take on increasingly responsible jobs within the treatment environment as they progress through treatment, further elevating the client's sense of self-worth and self-respect.

The overall structure of the community (prison) establishes a treatment milieu that transcends the substance abuse treatment groups provided by Gateway, resulting in an aggregate process by which the entire prison experience *is* treatment. The primary interventions and structured services provided to accomplish this task are outlined below.

FUNCTIONS IN THE PRIMARY TREATMENT PHASE

The treatment groups in this phase are implemented in accordance with prescribed procedures, including the following the primary intervention activities and/or techniques:

- **Didactic Groups**—chemical dependency and life skills education (curricula-based activities)
- **Process Groups**—predominantly known as "caseload static group" or "group counseling," these groups are designed to allow offenders a small group context in which to discuss, review, and challenge individual issues and needs. Counselors facilitate the exploration of issues within the group context.
- **Conflict Resolution Groups**—structured staff-facilitated groups designed to address negative behaviors in peers and provide a forum for appropriate identification, expression, and resolution of feelings
- **Cognitive Restructuring Program Groups**—an experiential/didactic approach to learning how thoughts relate to behaviors, how to identify criminal thinking errors and how to develop alternative cognitive processes that impact behaviors in a positive manner
- **Aggression Management and Domestic Violence Groups**—a curriculum-based group that addresses appropriate emotive, behavioral, and cognitive interaction with others. The curriculum includes interventions for both anger management and domestic violence
- **Behavior Management Program**—a structured, peer-driven process by which offenders are held accountable for negative behaviors and provided individual and social "learning experiences" to correct such behaviors
- **Support Groups**—offenders are provided with didactic and experiential applications of 12-step (e.g., AA/NA held regularly) or secular support groups in preparation for their inclusion upon re-entry to the community.

The Primary Counselor assigned to each offender is responsible for managing the individual goal attainment as per the Master Treatment Plan. Each offender receives a Treatment Plan Review according to the minimum frequency specified by the Department, with specific progress (and lack thereof) noted and addressed in terms of ongoing participation requirements and recommendations. An integrated treatment team case staffing is held at routinely scheduled times to track each offender's progress.

As offenders internalize the responsibilities identified through each intervention, they are able to test those changes within the social confines of the therapeutic environment as a whole. This evolves into experiential application of individual change through advancement to the Re-Entry/Re-Integration Phase of the treatment program.

Recovery-focused Substance Abuse Education
Gateway will include recovery-focused substance abuse education into this phase of treatment. It is discussed in detail in section 2.8 of this proposal.

12-Step and Alternative Recovery Support Groups
Gateway provides a variety of 12-stap and alternative recovery support groups. These were described in detail in section 2.2 of this proposal.

Continuing Care/Aftercare Plans
Continuing care/aftercare plans that follow a structured and holistic approach for ongoing recovery that will include, but not be limited to, a relapse prevention plan will be initiated during this phase.

2.5.4.1 Phase II Length

Per the requirements of the IFB, the length of Phase II in each program will be as follows:

- Short-Term Treatment Program: approximately eight (8) weeks
- OUT program and Intermediate Treatment Program: approximately sixteen (16 weeks)
- Long-Term Treatment Program: approximately twenty-eight (28) weeks

2.5.5 PHASE III

Phase III focuses on transition from the institution to the community and appropriate pre-release and re-entry planning. Gateway will provide a minimum fifteen (15) hours of therapeutic activity per week that does not conflict with an offender's work schedule. Offenders not participating in work release will receive additional services deemed appropriate for reentry preparation by the contractor in cooperation with the Department.

Per the IFB, therapeutic activity will include, but not be limited to:

- Individual counseling
- Ongoing recovery skills and relapse prevention services for substance abuse and criminality,
- minimum (2) two hours per week
- Applicable interventions to address identified criminogenic needs
- Community meetings
- Family education and support
- 12-Step and alternative recovery support groups

PHASE III: RE-ENTRY PHASE—SOCIAL APPLICATION

Purpose of the Re-Entry Phase

The purpose of the third phase of treatment is to provide offenders with an experiential process to test personal change within the social context. Commonly referred to as the "Social Application" phase, this phase offers offenders an opportunity to practice pro-social behavior and positive interaction with peers and staff according to the individual lifestyle changes established in the first and second phases of the program. The program's responsibility in this phase is to provide structured interventions that require offenders to behave pro-socially within the treatment environment, typically with increasing responsibilities and privileges.

Relapse prevention becomes the primary focus of the phase, and a comprehensive discharge plan is developed, which includes not just the substance abuse treatment elements of continued care, but a holistic plan for maintaining responsible, pro-social, drug-free lives upon discharge. Although planning the continuation of substance abuse treatment is a clear expectation of the phase, the equally important individual and social support elements are explored relative to the social, educational, vocational training, employment, and housing plans upon discharge.

The community is responsible for assisting offenders in the development of a plan that encompasses all such elements and the opportunity to prepare for successful transition at discharge. Staff members are primarily responsible for reinforcing positive interaction patterns and new behaviors and translating the milieu responsibilities, events, and interventions into real-life situations that will prepare them for life after discharge.

The major focus of this phase is implementing and further developing relapse prevention plans, planning for release into the community, and making final changes to their plans. Counselors begin working with clients immediately upon clients' entry to this phase of treatment to formulate individualized aftercare plans. The written aftercare plan includes firm referrals to community-based treatment.

Clients in this phase of the program are considered typically serve as treatment role models. They are expected to present themselves as role models at all times by holding their positions of responsibility without failure.

Phase III clients also take responsibility for helping newer clients by assisting the staff in leading "data sessions" with orientation classes. Although clients will have received relapse prevention education and counseling in Phase II, Phase III provides the opportunity to further develop their plans by taking into account the additional insights they gain from counseling and/or positions of responsibility.

Phase III clients assist with orientation of new clients and help facilitate education groups with staff. They are able to demonstrate an understanding of the first three steps of the twelve-step program. Typically they participate actively in counseling groups and understand specific aspects of their own substance abuse.

Phase III clients have improved appearances, show up on time, and take the treatment process seriously. They tend to share and self-disclose, speak honestly with staff and clients and have the confidence and interest to confront newer clients on inappropriate behaviors.

Functions in the Re-Entry Phase

The main treatment focus of the treatment services in the Re-Entry Phase is to prepare offenders for successful re-integration into the community by providing an experiential opportunity for the social application of internalized changes. The treatment services delivered by Gateway staff during this phase incorporate the basic interventions outlined earlier in this document (Phase II Treatment Services), but take on the added focus of *relapse prevention.*

Clinical assignments center on leadership and role modeling within the program, and opportunities to "give back" are provided to offenders throughout this process. The reciprocal nature of treatment teaches participants that only by sharing the journey with others is one able to maintain personal change required for long-term recovery. Therefore, offenders are required to lead peer activities and role model pro-social behavior throughout the prison environment.

A comprehensive relapse prevention plan is developed with the Primary Counselor, with a concerted effort made to structure the plan in a manner that includes all life domains addressed during treatment. Treatment groups are designed in such a manner as to provide a real-life *translation* of therapeutic concepts, to ensure that offenders receive the maximum benefit of the program. Offenders are then able to develop a comprehensive understanding of the therapeutic interventions that have molded their behavior, feelings, thoughts, and beliefs into a new lifestyle and interaction pattern. In effect, this ensures that offenders know how they can apply this new understanding upon discharge to the community.

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The final treatment service function of Phase III is to facilitate the identification of continuing treatment needs and the formalization of a recommendation for continued care and/or placement upon discharge. The discharge staffing processes outline the specific steps involved in preparing offenders for transition back into the community. Our emphasis on this aspect of the re-entry phase reflects the importance of having the re-entry phase culminate in clients who are highly motivated to enter into a community-based program upon release to increase the likelihood that they will successfully complete the community-based treatment episode.

2.5.5.1 CONTINUING CARE/AFTERCARE PLANS

As required by the IFB, a continuing care/aftercare plan will be completed during Phase III. Plans will be completed during Phase IV for offenders categorized as "chronic offenders" of intoxication related traffic offenses and Court-ordered pursuant to Section 577.023 RSMo.

Gateway assures the Department that every offender will have an individualized, structured plan for recovery prior to release that will be forwarded to the field Probation and Parole officer and the community provider, if identified.

During Phase III, Gateway will facilitate one (1) family support group activity of at least two hours in length per week. Whenever possible, family visitors or non-family significant others will be included in order to assist offenders with integration into the community upon release.

Counselors ensure that offenders' continuing care needs are addressed within their treatment plans. Aftercare plans focus on linking each offender to community resources for continuing care for both substance abuse and mental health services required by the offender to continue recovery efforts as identified by assessments and monitoring during treatment.

Staff consult with the facility Chief of Mental Health Services to determine appropriate referral(s) for offenders with diagnosed mental health problems. Additionally, staff review the continuing care and recovery plan with the supervising institutional Probation and Parole Officer and consult with field Probation and Parole in accordance with Department policy.

Planning includes identifying and orchestrating for each offender needed referrals for services and resources both inside and outside the prison system. Offender needs are outlined according to priority, and an organized plan to meet those needs is developed by the Counselor in conjunction with the offender, the correctional case worker and probation or parole officers. Close attention is paid to the continuing care needs of offenders based on their individualized special needs.

Counselors ensure that offenders' continuing care needs are addressed within their treatment plans based on information provided by mental health, medical, education, and/or are garnered from the assessment information. Planning includes identifying and orchestrating for each offender the needed referrals for services and resources both inside and outside the prison system as a collaborative effort of both Gateway and Department staff. Offender needs are outlined according to priority, and an organized plan to meet those needs is developed by counselors in conjunction with offenders, the correctional case worker, and probation or parole officers. Close attention is paid to the continuing care needs of offenders based on their individualized, special needs.

Draft aftercare plans are completed by clients in conjunction with their primary counselors just prior to completion of the case evaluation report). These are discussed with appropriate staff to include, at minimum, the primary counselor and corrections caseworker. Gateway staff will consult with the facility's Chief of Mental Health Services to determine appropriate referral(s) for offenders with diagnosed mental health problems. Plans are focused on linking each offender to community resources for continuing care for both substance abuse and mental health services required by the offender to continue recovery efforts as identified by assessments and monitoring during treatment.

The continuing care plan is finalized by the counselor and client in collaboration with the DOC caseworkers prior to completion of the case evaluation. At that point, continuing care needs have been identified and resources to provide after care services have been selected by clients in conjunction with their counselors. This information is forwarded to Probation and Parole for approval. The information is sent to the Corrections Caseworker by Probation and Parole. The caseworker then makes contact with the service providers in the community to make or verify appointments (to the extent possible).

2.5.5.2 PHASE III LENGTH

The length of Phase III for each program will be as follows:

- Short-Term Treatment Program: a minimum of three (3) weeks
- OUT Program and Intermediate Treatment Program: approximately four (4) weeks
- Long-Term Treatment Program: approximately twenty (20) weeks

2.5.6 PHASE IV

Phase IV is designated to serve only those identified as "chronic offenders" ordered by the court pursuant to section 577.023 RSMo as "Aggravated, chronic, persistent and prior offenders of intoxication-related traffic offenses" who have been mandated for a two (2) year period of incarceration and who receive substance abuse program services as capacity permits. Phase lengths, curricula, and services can be changed or augmented for these offenders in keeping with the expectation that advanced programming occurs for the remainder of their incarceration.

Gateway, in consultation with Assistant Division Director, Division of Offender Rehabilitative Services for Substance Abuse Services and the Warden at each correctional facility, will provide a targeted curriculum as described below.

Extended programming is available for offenders who have been adjudicated a Chronic Offender under RSMo 557.023 Public Safety Offenses, have completed all three basic phases of treatment, and remain beyond the twelve-month program.

The Treatment Team assesses the offenders through all phases of treatment and determines the length of stay in each phase. While time in each phase is considered for advancement to the next phase, the primary determination is based on the offenders' progress in a given phase, their ability to meet the phase-up criteria for the next phase, and the extent to which they have become a role model for the phase they are in.

Phase I Long-Term Program (Orientation)

Phase I normally lasts between three and four weeks in length and includes a minimum of 30 hours of therapeutic activity per week. Clients receive one (1) hour of individual counseling per month; three (3) hours of small group per week; didactic sessions; self-help meetings; special assignments based on assessed needs; specialized focus groups; and work assignments during this phase.

Clients are instructed to properly fill out and drop written Pull-Up/Push-Up Forms and Conflict Resolution slips. Treatment terminology, Gateway guidelines, community rules, and a variety of other topics are covered. Clients are familiarized with the treatment environment and structure. An extensive assessment is completed that identifies individual needs and goals to be addressed in treatment, and becomes part of the Master Treatment Plan. During Phase I, activities are highly structured allowing clients to adjust to the treatment community and to focus on the life changes they intend to make.

Phase II Long-Term Offenders Program (Intensive Treatment)

Phase II is approximately 28 weeks in length and consists of a minimum of 30 hours of therapeutic activity per week. Clients receive one (1) hour of individual counseling per month, three (3) hours of small group per week, didactic sessions, self-help meetings, special assignments based on assessed needs, re-entry journaling groups, and work assignments during this phase.

Individualized needs identified in Phase I and documented in the Master Treatment Plan are addressed through individual counseling, education, group process, participation in self-help (12-step or alternative) groups, and the treatment environment. Clients are taught to identify and to begin making specific changes necessary to lead a drug-, alcohol-, and crime-free life. This is accomplished through classes, seminars, and groups on Chemical Dependency Education, Problem Solving Skills, and Criminal Thinking Errors.

During Phase II, activities remain highly structured; however, greater freedom is offered to self-monitor and greater privileges are granted as the client learns to utilize his tools for responsible living.

Phase III Long-Term Offenders Program (Relapse Prevention and Re-Entry)

Phase III consists of approximately 20 weeks and includes a minimum of 15 hours of therapeutic activity per week. Clients receive one (1) hour of individual counseling per month, three (3) hours of small group per week and didactic sessions, self-help meetings, special assignments based on assessed needs, relapse prevention journaling groups, and work assignments during this phase.

The focus shifts to creating a bridge from the present treatment environment to living successfully in the outside community. Community referrals are identified and accomplished during this time. Clients complete a Relapse Prevention Plan that includes their identified relapse warning signs and relapse triggers, and other assignments. A comprehensive Continuing Care Plan is completed that includes self-help meeting times and locations, employment plans, education goals, a home plan, and aftercare provider information. Other tasks in preparation for leaving are also completed.

During Phase III, clients are expected to be proficient in structuring their own time in a responsible way. All available privileges are allowed during this phase.

In addition to the structured programming provided to the offenders, Gateway Foundation will work with the institutional and departmental staff to identify a mechanism for providing family support activities during this phase. Gateway is prepared to offer the required two-hour activity to approve family and/or significant other visitors, as allowed by the institution. Although this activity has not occurred due to environmental constraints, Gateway's Director will continue to provide programming options to the Department to address this need.

Phase IV Long-Term Offenders Program (Advanced Relapse Prevention and Recovery Maintenance)

Phase IV begins for Chronic Offenders with completion of Phase III treatment, some time after the 12th month, and continues until release for those who are in an extended program. Phase IV offenders will participate in a minimum of 15 hours of therapeutic activity per week.

The primary focus is two-fold during this phase: maintain and safeguard the progress already made and refine, sharpen and internalize the relapse prevention and re-entry skills already learned. Clients receive one (1) hour of individual counseling per month, three (3) hours of small group per week and psycho-educational classes in addition to didactic sessions, self-help meetings, special assignments based on assessed needs, and work assignments during this phase.

Additionally, Phase IV offenders are assigned to a specialized focus group exploring the effects of driving under the influence of alcohol and/or other drugs, victims and the community at large, victims' rights issues, and advanced alcohol abuse issues. The curriculum for the focus groups is based on portions of the Substance Abuse Traffic Offenders Program (SATOP) and the Department's Victims Impact curriculum and includes involvement from citizen organizations

such as Mothers Against Drunk Driving (MADD). The mode and curriculum of these groups have already been approved by the Department and continue to be enhanced in collaboration with the Department.

2.5.7 PHASE EXPECTATIONS

The description of Phase expectations in this section applies to short-term, intermediate term, long-term, and OUT programs at WERDCC/NECC and CCC and do not include the Partial Day Program or the Relapse Program at CCC.

Advancement through each phase is determined by length of time in the phase and is not dependent on phase change criteria. However, each phase does have specific tasks and activities that clients are expected to complete.

Clients are expected to participate, demonstrate a positive attitude and behavior, and successfully complete the phase activities. As clients move through the phase, they will demonstrate a willingness to increase their responsibility in the community.

Phase I: Phase Expectations

1. Complete Phase length as described by IFB and type of Program
2. Recite the Gateway Philosophy in front of peers and staff
3. Achieve all objectives listed in the TAP treatment plan for this phase, including successful completion of class assignments, and successful participation in TC activities
4. Attend Community Structure Class
5. Attend Community Tools Class
6. Exhibit knowledge of how to use core Community Tools with responsible care and concern by completing and submitting each of the following in collaboration with one's BigSister:

   - Verbal/Written push-ups
   - Verbal/Written pull-ups
   - Conflict Resolution slips

7. Successfully complete an Orientation Phase Test
8. Submission of completed Chemical Dependency worksheets as assigned
9. Have documented attendance of two self-help meetings and two Phase I Focus Groups per week

10. Write a life story (autobiography) of at least seven pages that includes alcohol and drug use and describe how addiction has affected clients' life
11. Submit letter to Primary Counselor requesting phase-up
12. Completion a "Phase-up Recommendations" form with all required signatures
13. Meet with the Phase-up Committee for approval to phase-up.
14. Have not received a Conduct Violation (CDV) 15. Demonstrate a positive work ethic in all areas of treatment (work assignment, school, program, and living with others).
16. Completion of all required assessments

If clients have not completed Phase expectations by the timeframe outlined in the IFB, a staffing is held to determine what treatment interventions may need to be initiated in order to assist them in achieving Phase I expectations.

Phase II: Expectations

1. Complete a minimum of 30 hours of required activity weekly, including community meetings, chemical dependency and life skills education, group and individual counseling, attendance at self-help and peer groups
2. Documented attendance of self-help meetings
3. Meet identified target dates on treatment plans and complete workbooks and journals as assigned
4. Complete all written curriculum assignments
5. Demonstrate active participation in all identified treatment community activities
6. Complete an IFB-required length of time in the Intensive Phase (Phase II)
7. Have not received a CDV in the past 30 days
8. Completed any Behavior Contracts (BC) if stipulated in contract.
9. Meet with the Phase-Up Committee and pass a written Phase-Up Test
10. Complete the Gateway/Change Companies Relapse Prevention Interactive-Journaling Classes
11. Submit letter to Primary Counselor requesting phase-up
12. Complete the "Phase-Up Recommendations" form
13. Demonstrate a positive work ethic in all areas of treatment (work assignments, school, program, and living with others).

14. Completion of all assessments in preparation for advancement

If clients have not completed Phase expectations and advanced to Phase III by the end of prescribed length of time in that phase, they will be referred to the treatment team for evaluation of their treatment progress. An extension of their treatment program may be recommended to allow them to successfully complete the treatment program, or unsuccessful termination from the program may be recommended.

Phase III: In Phase III, clients focus on applying job skills through involvement in work release (when and if eligible) or institutional employment, balancing that with treatment groups and responsibilities. Clients also complete such tasks as the Continuing Care Plan (home plan, employment, aftercare, etc.), a Relapse Prevention Plan (identifying relapse warning signs and triggers, coping skills, etc.), and a Comprehensive Case Evaluation. There is continuing emphasis on self-help meeting attendance and addressing re-entry issues. Clients also may apply for leadership positions within the Community Structure and serve as role models within the community.

A Comprehensive Case Evaluation summarizing clients' treatment progress and achievement of their treatment goals is prepared by their Primary Counselor approximately two months before their anticipated program completion date (at approximately ten months into the program absent any time extensions). Information from this case evaluation is sent to the judge or parole board.

To qualify for a successful Case Evaluation, clients must do the following:

1. Complete required length of time in Phase III
2. Demonstrate progress and achieve all treatment plan goals and objectives, including participation in the group process and any other written work assigned by the Primary Counselor
3. Display positive role model behavior and comply with staff directives and follow program and institutional rules
4. "Give back" to new clients by teaching them the rules and tools of the treatment community
5. Complete the Relapse Prevention Plan and the Continuing Care Plan for use in developing the Case Evaluation
6. Develop a budget plan
7. Document attendance of self-help meetings each week
8. Completion of all educational classes and the Gateway/Changes Companies Interactive Journaling Re-Entry workbook

9. Demonstration of an understanding of the connection between substance use and criminal behavior in his/her own life
10. Demonstration of the ability to utilize relapse prevention skills and coping strategies and respond appropriately to situations by using learned techniques, including cognitive self-change techniques.
11. Demonstration of the ability to accept and fulfill positions of responsibility within the community
12. Demonstration of a positive work ethic in all areas of treatment (work assignments, school, program, living with others)

To qualify for a satisfactory program completion, clients must do the following:

1. Complete required length of time in the program with a successful case evaluation
2. Continue to participate fully in all required Phase III treatment activities; display positive role model behavior, and comply with staff directives and program/institutional rules.
3. "Give back" to the community through active participation in community activities, classes, and leadership roles and demonstrate a positive work ethic in all areas of treatment

Phase III members who fail to fully participate in treatment or meet expectations as senior members of the community after their Case Evaluations have been completed may be subject to treatment interventions and/or referral to the Offender Management Team. A supplemental report may be forwarded to the court or parole board for reconsideration of release. Offenders are expected to fully participate in all aspects of the program until the court or parole board releases them.

Decisions regarding phase movement will be made through a "formal clinical staffing process" that includes at least one (1) Department staff member.

2.6 INDIVIDUAL COUNSELING

Upon admission, clients are assigned to a primary counselor. Counselors meet with clients individually on a regular basis or as needed and as indicated by the clients' treatment plans. Individual counseling is a goal-oriented, face-to-face session between the client and his/her primary counselor to address individualized treatment issues. Individual counseling sessions may also provide a forum for clients to address problems that they are not yet willing to discuss in a group setting. Additionally, counselors help clients make connections between their problems and the information presented in group education and group counseling sessions.

Individual counseling techniques focus on positive role modeling, personal sharing, redirecting members to the treatment process and didactic approaches. Upon admission, clients are assigned to a primary counselor, who will facilitate assessment, treatment planning, group counseling, education, family services and individual counseling to clients assigned to their caseloads. Our staff is well-trained in the concepts of cognitive restructuring, and clinicians introduce these concepts in each interaction with their clients.

Counselors meet with clients individually on a regular basis as needed and as indicated by the client's treatment plan. In our experience, individual counseling sessions in this regard may occur twice during the first month of treatment to complete the assessment and develop the treatment plan, and once per month thereafter.

Individual counseling is a goal-oriented, face-to-face session between the client and his primary counselor to assist the client in resolving problems related to the abuse of alcohol and other drugs, criminal lifestyles and all issues contained in the client's treatment plan. Emphasis in the individual session is to review the treatment plan to determine client's progress in reaching treatment goals.

During individual counseling sessions, counselors also help clients recognize that they are chemically dependent; identify behaviors, including criminal activity, related to their addiction; develop strategies for changing these behaviors; and identify people and activities that can help them attain and maintain recovery.

As clients begin to build a crime-free and drug-free life, individual counseling sessions provide the opportunity to address issues identified in the client's treatment plan, and to revise the treatment plan to address new issues. The counselor may help the client to understand how what he has learned in didactic and group sessions applies in a particular case. Throughout treatment, the counselor helps the client make the connections between the problems he is experiencing and the materials presented in group education and group counseling sessions.

Each offender shall receive a minimum of one (1) hour of individual counseling per month during all phases. Offenders at NECC will receive two (2) individual sessions per month.

2.7 GROUP COUNSELING

Group counseling sessions will be limited to a maximum of twelve (12) offenders per group. Each offender will receive a minimum of three (3) one- (1) hour sessions of group counseling each week.

Group counseling sessions are designed to actively involve clients in exploring their unique involvement in substance abuse and criminal activity. In contrast to group education, group counseling requires clients to examine issues in their lives that led to substance abuse and/or criminal behavior, such as traumatic events, personal loss, low self-esteem, physical or sexual abuse, gang involvement, etc. Group counseling may also provide opportunities for clients to engage in role playing new ways of interacting that will support their recovery processes.

Group counseling is a means to assist chemically dependent clients to identify and address the issues connected to their substance use and to accomplish the goals and objectives in their individualized treatment plans. The group setting is used to elicit peer feedback, foster trust, practice social skills, enhance communication, and teach by example. Many clients are precontemplative, resistant to treatment or in denial, and/or will not understand the connections between their substance abuse and the difficulties they have faced and continue to face in their family, social, legal, financial and medical relationships.

Groups engage in discussion of all aspects of their substance abuse, recovery skills, and treatment issues. Topics include relapse prevention, disease concept of addiction, self-help recovery programs, post-acute withdrawal syndrome, coping skills, relapse prevention, parenting skills, and skills necessary for continued recovery.

Each offender at WERDCC and CCC will receive a minimum of three (3) one-hour sessions of group therapy each week throughout the treatment episode. Group therapy sessions will be limited to a maximum of twelve (12) offenders. Offenders at NECC will receive three (3) 90-minute sessions of group counseling each week.

At WERDCC and NECC, the primary counselor facilitates clients' treatment experience and draws upon the strengths of a treatment team to provide the best services to clients and to reinforce the concept of "community as method." While the primary counselor does provide individual services such as individual counseling and treatment planning and psycho-educational classes, various other large and small group activities may be facilitated by another member of the counseling team in close communication and collaboration with the primary counselor.

"Process" or "Static" groups --The group counseling sessions are facilitated by a the Primary Counselor when clients' DOC jobs or school schedules permit. When clients' jobs or school schedules conflict with their Primary Counselors' assigned group time, the clients will be assigned to another counseling group. Consideration is given to good client counselor "fit." This aspect is especially considered when a client is struggling to engage in the program.

These groups are conducted according to traditional group therapy principles and are structured to encourage each client to process his unique treatment issues as identified in his treatment plan. Process groups are smaller in size than family meetings and educational groups in general and allow clients to establish trust and comfort with each other. This lends for greater disclosure and meaningful discussions as group members "process" their personal treatment issues.

2.8 RECOVERY-CENTERED EDUCATION

Since its establishment in 1968, Gateway Foundation has been a leader not only in delivering substance abuse treatment programming, but also in refining correctional treatment by contributing new tools and materials to enhance program delivery. As a culmination of decades of research and work, Gateway has compiled a comprehensive curriculum for use by its staff at all of Gateway's correctional treatment facilities.

Gateway provides information and education addressing many aspects of chemical dependency and criminal attitudes and behaviors. Offenders need information regarding the nature and effects of chemical abuse and dependency and their relationship to criminal thinking, attitudes, and behaviors. Gateway provides this information in a variety of modalities, which may include lectures, educational groups, films, videotapes and handouts.

Recovery-centered education sessions will be limited to a maximum of forty (40) offenders per group session.

GATEWAY CURRICULUM

This comprehensive curriculum, developed collaboratively by Gateway staff and expert consultants, provides didactic information and experiential activities to address various goals and objectives that treatment is designed to accomplish, including the following: Substance Abuse Education; Life Skills Training; Offender Lifestyle Confrontation; Family Dynamics; Violence Interruption; and Co-occurring Mental Health and Substance Abuse Disorders

- ***Stage of Change Approach to Recovery***

The Stage of Change approach to recovery is interwoven throughout the interventions described in this proposal and is specifically covered in our interactive journals (discussed elsewhere in this proposal).

- ***Disease Concept of Chemical Dependency***

Substance abuse education is covered on many levels. Offenders are presented with a basic overview of the major drug classifications, their effects on the mind and body, impact on society, impact on victims, chemicals and the personality, effect of addiction on driving ability, and family impact. Included in this topic are alcohol, tobacco, cocaine, methamphetamines and amphetamines, stimulants, depressants, inhalants, cannabis, benzodiazapines, opiates, prescription medications, and other major substances often abused. These lectures are highly interactive with the offenders and solicit feedback from group members. The disease model of addiction covers the signs, symptoms, stages and progression of the disease of alcoholism and chemical dependency. Clients process the information to identify their own symptoms and stages of the disease. Specific focus is given toward understanding the holistic nature of the illness, the potential for genetic predisposition, and information regarding specific drugs of abuse.